

★ **Doodlebugz Art School - Summer Camp 2011 Registration Form**

Home address _____ Town _____ State _____ Zip _____ \$ _____ Amount enclosed

Student name _____ Home Phone _____ Guardian mobile/work phone _____

Email Address _____ Emergency Contact Name _____ Phone _____



Student Grade level (this fall) and School _____

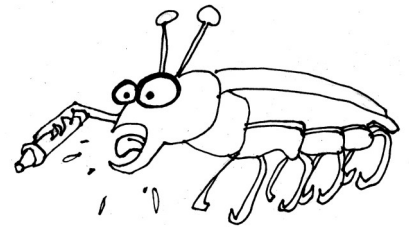
Week of: _____ AM or PM or Full Day (Circle one)
Desired Session and Date

Any relevant medical info (allergies, etc.): _____

412.965.3024 **doodlebugz aRt sChOOl** www.doodlebugzartschool.com

Method of Payment:

- Cash**
- Check** (Please make payable to Tal-Million Laboratories)
- Credit** (Visa/Mast/Disc)



Credit Card Number:

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Exp Date: MM/DD

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Fill out this registration form and send it with your payment to:
Tal-Million Laboratories
PO Box 106
Allison Park, PA 15101