



Sip and Paint Summer Camp Registration

Parent Info

Name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Child Info

Child 1

Name: _____ Gender: _____

DOB: _____ Grade: _____

Child 2

Name: _____ Gender: _____

DOB: _____ Grade: _____

Please list any allergies or medical conditions: _____
