



FASHION CAMP REGISTRATION

Young Designers: Rising 4th - 5th Graders

Monday, Tuesday, and Wednesday: 9:00 AM - 12:00 PM

JULY: ☐ _____
☐ _____
☐ _____
☐ _____

AUGUST: ☐ _____
☐ _____
☐ _____
☐ _____

Name of Camper: _____ Cell #: _____

Age/Grade this coming Fall: _____

Name of Parent: _____ Cell #: _____

Name of Parent: _____ Cell #: _____

Parent's Email: _____

Home phone #: _____

Home Address: _____

Emergency Contact Info: _____

Medical Conditions _____ Allergies _____

Medications: _____

☐ My \$200 non-refundable deposit for each week reserved
is enclosed.

Permission to use photos: yes ☐ no ☐

Parent's Signature: _____

Please print out this form and mail with your \$200 deposit for
each week to: Ellen Gang • PO Box 172 • Westport, CT 06881