

3 EASY WAYS TO APPLY!

MAIL: SURRY ARTS COUNCIL
P.O. BOX 141, MT. AIRY, NC 27030
EMAIL: marianna@surryarts.org
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The Surry Arts Council

Mount Airy, North Carolina
Youth Experiences
Summer Camp 2024

Sponsorship Provided By:



SPONSORSHIP APPLICATION

****VISIT WWW.SURRYARTS.ORG FOR THE COMPLETE LISTING OF THE 2024 YOUTH EXPERIENCES SUMMER CAMPS****

Today's Date: _____ (Child's) Name: _____ Age: _____

School You Attend: _____ Current Grade: _____

Which camp are you interested in? _____

There are so many choices, WHY do you want to go to this camp?

Have you attended a camp before? _____ If yes, which one(s)? _____

What do you want to be when you grow up? _____

What makes you smile? _____

Tell us TWO things you've done recently to help a person, an animal or your community? #1 _____

#2 _____

THIS PORTION TO BE COMPLETED BY THE PARENT OR GUARDIAN:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Address _____ Phone #: _____ Email: _____

Parents/Guardians: By signing and submitting this application, you acknowledge that you are the legal parent/guardian of _____; You confirm that your child will have transportation to and from the camp every day the camp is scheduled; You give permission and media release for The Surry Arts Council and John L. Gravitte, D.D.S., P.A. to use the artwork and letter completed in their office for promotional purposes. If selected, the child's first name (only) may be used together with their artwork and/or letter for promotional purposes only. Participation is at your child's own risk and you agree to not hold John L. Gravitte, D.D.S., P.A. or his affiliates responsible or liable for any damages incurred during participation of the camp.

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FOR CHILDREN ONLY: IN THE SPACE BELOW, DRAW A PICTURE OF YOUR TOOTHBRUSH AND YOUR BIGGEST SMILE FOR DR. GRAVITTE'S TEAM TO SEE!

A large, empty rectangular box with a blue border, intended for children to draw a picture of their toothbrush and their biggest smile.

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PLEASE COMPLETE BOTH PAGES TO APPLY