

Black Swamp Arts Council Programs and Classes Registration Form

Program Name: _____

Program Location: _____

Program Date: _____

Participant's Name: _____

Address: _____

Primary Phone #: _____ Secondary #: _____

Email address: _____
(for registration confirmation and updates)

**Fill out the following information if participant is
under 18**

Age: _____ Grade: _____

Parent's Name: _____

Emergency Contact # _____

School Attending: _____

T-shirt size (if registering for Creative Arts Camp) _____

Send check and registration form to:

**BSAC
P.O. Box 452
Archbold, Ohio 43502**