

DEADLINE: MAY 23RD

4 EASY WAYS TO

SUBMIT YOUR APPLICATION



The Surry Arts Council

Mount Airy, North Carolina

Youth Experiences Summer Camp 2018

MAIL: SURRY ARTS COUNCIL

P.O. BOX 141, MT. AIRY, NC 27030

IN PERSON: 218 ROCKFORD ST., MT. AIRY

EMAIL: ANTONIA@SURRYARTS.ORG

FAX: 336.786.9822

SPONSORSHIP APPLICATION

Sponsorship Provided By:

Dr. John L. Gravitte

'Dentistry With Heart'



****VISIT WWW.SURRYARTS.ORG FOR THE COMPLETE LISTING OF THE 2018 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? _____

Why do you think it's an important job? _____

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, TELL DR. GRAVITTE WHY YOU THINK IT IS IMPORTANT TO TAKE CARE OF YOUR TEETH AND GUMS & DRAW A PICTURE OF YOUR SMILE!