

PRESENTED BY MR. FRANCIS
WEDNESDAY 9 OCTOBER | 4PM - 6PM

HALLOWEEN ARTS & CRAFT CLUB



1. Student's First & Last Name: _____ Age: _____ Grade: _____

2. Student's First & Last Name: _____ Age: _____ Grade: _____

3. Student's First & Last Name: _____ Age: _____ Grade: _____

Parent's First & Last Name: _____

Parent's Phone Number: _____ Email Address: _____

Authorized Pick-up First & Last Name: _____

Authorized Pick-up Phone Number: _____

Emergency Info: _____

Allergies/Additional Info: _____



Students will be working on blending techniques with acrylic paint on canvas and creating 3D texture against negative space

SPACE IS LIMITED
REGISTRATION DUE BY OCTOBER 1, 2024
\$25 (INCLUDES SUPPLIES)

Total Number of Students: _____ x \$25 = _____ Enclosed

(OFFICE)

Date R'cvd: _____ Amount \$: _____ Paid: Cash Check Check #: _____