Youth Opportunities United

Animagination Art Camp 2008

Application

Applications should be received by **January 11, 2008**

Artwork is required for placement purposes and will be returned to you after camp

Saturday, January 19, 2008 to Monday, January 21, 2008

Camp Gilmore in Malibu Canyon

Please send: ____ your completed application

____ 1 piece of your original artwork to:

Write your name & telphone number on back of artwork.

DCFS – Trust Fund
501 Shatto Place, Room 205
Los Angeles, CA 90020
Attn: Michael Wrice / Christina Saryan

PLEASE WRITE LEGIBLY!

1 Please indicate your preference for workshops: 1- First Choice 2-Second Choice 3-Third Choice

___ Painting ___ Drawing ___ Sculpture

2 Name: _____ Gender: M | F
First Last Circle One

Address: _____
Number Street City Zip

Telephone: (____)_____ Cell Phone: (____)_____ Age: _____ DOB: _____

I Live With: ____Parent ____Foster Parent ____Relative ____Group Home ____Legal Guardian

Whose Name Is: _____

You must provide us with all adult contacts you may have as applicable below:

3 Emergency contact: _____ Telephone: (____)_____

Worker's Name: _____ Telephone: (____)_____
County Social Worker or Probation Worker

Mentor's Name: _____ Telephone: (____)_____
DCFS, Fulfillment Fund, etc.

Person dropping you off and picking you up at camp:

_____ Telephone: (____)_____

Caregiver: I have the authority to and do consent to the above student attending Animagination ArtCamp 2008. I recognize this is an overnight camp and I agree to comply with Art Camp rules and regulations to ensure the student arrives on time, with appropriate clothing and bedding, and is picked up promptly upon completion of camp.

Signature: _____ Printed Name: _____ Date: _____

Student: I want to attend Animagination Art Camp 2008 and, if selected, I agree to comply with all Art Camp rules and regulations. I promise to participate fully in art workshops and activities and to applymyself creatively and with all my energy.

Signature: _____ Printed Name: _____ Date: _____

Questions? Contact Michael Wrice for more information 213 739 6202 wricem@dcfs.lacounty.gov