

Silver Eye Photography Camp for Teens

There are 3 ways to register:

1. Mail this form with completed information to:

Silver Eye Center for Photography
1015 East Carson Street
Pittsburgh, PA 15203-1109

2. Register by phone by calling Aaron Blum, Education Coordinator, at:
412-431-1810, ext. 11.

3. Register by fax by sending the completed form to:
412-431-5777

Questions?

Contact Aaron Blum at
412-431-1810, ext. 11. or
education@silvereye.org

Enjoy Membership Discounts

Join Silver Eye and take advantage of discounts on fees for all of our workshops. To join, please go to our website (www.silvereye.org) and join through our 'membership support' link. For further information or to join by phone, please call Jolie Peters.
412-431-1810, ext. 12.

CAMP 1 JUNE 20-23

CAMP 2 JULY 11-14

STUDENTS NAME

LEGAL GUARDIAN

ADDRESS

CITY

STATE

ZIP

PHONE

CELL PHONE

EMAIL

Please note that there is an additional permission slip that needs to be completed and returned to Silver Eye. This agreement gives permission to the person described above to be in all activities and designated places during the dates associated with the Photography Camp. Also note that the permission slip grants the trip director or representative youth leader the ability to select a physician and/or hospital for care if a medical emergency should arise while the child is participating in the Silver Eye Photography Camp.

Students are to arrive promptly at 10:00am so that the class and activities will start on time, and if the students are to be picked up at the end of the day please come no later than 30 minutes after the completion of that days course. If students are to be picked up please be aware that we will assign you two "Pick-Up" cards. These cards are to be presented when receiving your child. This is to ensure that Silver Eye is releasing the students to an approved guardian.

Payment Method

Check or money order made out to Silver Eye Center for Photography

Credit Card: Visa MasterCard Discover

CARD NUMBER

EXPIRATION DATE

V-CODE

AMOUNT \$

BILLING ADDRESS IF DIFFERENT THAN ABOVE

Silver Eye Photography Camp for Teens Permission Slip

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STUDENTS NAME _____ LEGAL GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

EMAIL _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

DOES YOUR CHILD TAKE ANY MEDICATION OR HAVE ANY SPECIAL MEDICAL NEEDS? _____

PLEASE GIVE THE NAME, ADDRESS, PHONE NUMBER, AND EMAIL OF TWO EMERGENCY CONTACTS. _____

The person described above has my permission to be in all activities at the designated places during the dates associated with the Silver Eye Photography Camp for Teens. If a medical emergency should arise while my child is participating in the Silver Eye Photography Camp, and I cannot be reached, I consent and give permission to the trip director or representative youth leader to select a physician and/or hospital for care.

Signature of Parent/Guardian: _____

Permission Slip

I, _____ am the legal guardian of
_____ and give my permission
to attend the Silver Eye Photography Camp for Teens.

Signature: _____