

BGSU SCHOOL OF ART

Intensive Summer Studio Art Program

For students in grade 7th -12th.

Email: saturdayart@bgsu.edu

Fax: 419-372-2544

Mail: Bowling Green State University
School of Art
ATTN: Shari Densel
1000 Fine Arts Center
Bowling Green, Ohio 43403

REGISTRATION FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____ Gender _____

Grade level next fall _____ Preferred Art Focus (Check One: 2-Dimensional _____ or 3-Dimensional _____)

To assist the instructor with planning the studio time, are there any medical or disabilities regarding the student we should know in order to enhance his/her learning experience?

*What is the students learning interests in visual art (media, style, subject)?

PARENT/GUARDIAN INFORMATION

Name of Parent or Guardian _____

Home Address _____ City _____ State _____ Zip _____

Home or cell Phone _____ E-mail _____

E-mail address **required to receive confirmation and updated information from the teacher.*

METHOD OF PAYMENT (Total program fee is \$300.00 per student) Please check one below:

•Online

_____ Paid on _____ (date payment was made) with credit card using the online process.

•Check or Money Orders (cash can not be excepted)

• Make checks payable to BGSU. Place on the memo line "Summer Art Studio Program" & students name.

_____ Check/Money Order is being mailed with this registration form

_____ Payment by check or money order will be paid on the first day of the Summer Art Program