

Towson University Summer Camps

COMMUNITY ART CENTER

SUMMER ART CAMP

Museum Trip Permission Form: Participant

(Please Print)

Instructions: Please complete this form carefully and accurately, and **return it to the Community Art Center by May 15**. This form is **required** for participants in Summer Art Camp Sessions I, II or III; *participants in Session IV do not need to complete this form*. **You may send the form by mail or fax, or email a scanned image.**

Mail to:

Community Art Center
Towson University
8000 York Rd.
Towson, MD 21252-0001
Fax: 410-704-2810
Email: cac@towson.edu

Participant Information • **Camp Session(s):** _____

Child's Name: _____

Child's Age: _____

Parent/Guardian Name(s): _____

During the first week of each session, students will leave Towson University to explore the world of art available in the Baltimore area. Museums and places of special interest have been selected for these tours. Unless otherwise noted, we cannot accommodate parents or other family members. Tours have been arranged as follows but are subject to change:

- Session I — American Visionary Art Museum
- Session II — Walters Art Museum
- Session III — Baltimore Museum of Art

I give my permission for my child to participate in the scheduled Art Museum tour, and to be transported by bus to the selected museum.

Parent Signature: _____

Date: _____