3 EASY WAYS TO APPLY!

MAIL: SURRY ARTS COUNCIL P.O. BOX 141, MT. AIRY, NC 27030

EMAIL: marianna@surryarts.org

FAX: 336.786.9822

The Surry Arts Council Mount Airy, North Carolina

Youth Experiences
Summer Camp 2025

Sponsorship Provided By:



SPONSORSHIP APPLICATION

VISIT WWW.SURRYARTS.ORG FOR THE COMPLETE LISTING OF THE 2025 YOUTH EXPERIENCES SUMMER CAMPS

Today's Date:	(Child's) Name:	Age:
School You Attend:	Curr	ent Grade:
	terested in?	
	ices, WHY do you want to g	
Have you attended a ca	amp before?If yes,	which one(s)?
What do you want to b	e when you grow up?	
What makes you smile	?	
Tell us TWO things you	ve done recently to help a	person, an animal or
your community? #1	,	•
#2		
THIS PORTION TO B	E COMPLETED BY THE PAR	ENT OR GUARDIAN:
Parent/Guardian Name	e:	
Address	ture: Phone #:	Email:
the legal parent/guardian of transportation to and from the and media release for The Su artwork and letter completed first name (only) may be used purposes only. Participation Gravitte, D.D.S., P.A. or his af	g and submitting this application, y; You confirm tha ne camp every day the camp is sche rry Arts Council and John L. Gravitt d in their office for promotional pur d together with their artwork and/o is at your child's own risk and you o filiates responsible or liable for any	t your child will have eduled; You give permission e, D.D.S., P.A. to use the poses. If selected, the child's or letter for promotional agree to not hold John L.
participation of the camp.	imates responsible of habie for ally	damages incurred during

-PAGE 1 of 2-ALL PAGES ARE REQUIRED FOR SUBMISSION

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FOR CHILDREN ONLY: IN THE SPACE BELOW, DRAW A PICTURE OF YOUR TOOTHBRUSH AND YOUR BIGGEST SMILE FOR DR. GRAVITTE'S TEAM TO SEE!

	DAGE 2 of 2		