

Young Chefs' Cooking Camp

Ages 11-15

Learn new skills like menu planning, kitchen and food safety, food preparation and more. Meet new people and have some fun this summer! Baker Brenda Wellen will return for the fourth summer to present these week long cooking adventures.



**\$100 per week
Registration Required**

**All classes are from
1:00 p.m. - 4:30 p.m.**

Art Camp All Day: Registration

Parents Name: _____
Address: _____ Zip: _____
Phone: _____

Session 1

The menu will include chili, fettucini, homemade pizza, corn bread, various salads, dressings, cookies, fruit pies, chocolate brownies, gelato, and strawberry limeade.

Session 1 July 6th - 10th

Child's Name	Age	Cost

Session 2

The menu will include beef tacos, grilled ham and cheese, homemade salsa, homemade soup, various cakes, peach ice cream, diner-style milkshakes, chocolate mint brownies, watermelon lemonade, and key lime pie.

Session 2 July 13th - 17th

Child's Name	Age	Cost



Need based scholarships available.
Contact Bekah for an application. 325-653-3333 or education@samfa.org

Cooking Class

7 – 10 Year Olds ONLY
 July 6th – 10th 8:30 a.m. – 12:00 p.m.
 July 13th – 17th 8:30 a.m. - 12:00 p.m.

11 - 15 Year Olds ONLY
 July 6th – 10th 1:00 p.m. - 4:30 p.m.
 July 13th - 17th 1:00 p.m. - 4:30 p.m.

CHILD'S NAME _____ AGE _____

PARENT/LEGAL GAURDIAN _____

ADDRESS _____

STREET

CITY

ZIP

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ E-MAIL _____

Would you like to receive emails about upcoming Family Programs at SAMFA? Yes No

EMERGENCY CONTACT _____

PHONE NUMBER _____ RELATION TO CHILD _____

NAME(S) OF PEOPLE MOST LIKELY TO DROP OFF/PICK UP CHILD

SAMFA staff reserves the right to check the I.D. of anyone picking up children from our programs. SAMFA staff will only release children to persons listed above. If someone else will be picking up your child, please notify the museum at 325-653-3333.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Payment Information: Registration is \$100. **Please mail or drop your registration off at the Museum:**

Attn: Education
1 Love Street
San Angelo, Texas 76903

Check/Money Order Enclosed (make checks payable to SAMFA)

Credit Card Type _____ CC# _____

Exp. Date _____ 3 Digit Security Code _____ Signature _____

The Cooking Camp Medical Release Form

CHILD'S NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____
(Mo.) (Day) (Year)

HEALTH/ACCIDENT INSURANCE CARRIER: _____
POLICY NO: _____ GROUP NO: _____

PERSONAL PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____
(Street) (City) (State) (Zip)

PHYSICIAN'S PHONE NUMBER: _____

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME #: _____ WORK # _____ CELL #: _____

Please list any chronic or acute medical problems (Continue on back if needed): _____

Please explain any special considerations we need to know related to the above conditions:

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present: _____

I ACKNOWLEDGE THE PARTICIPANT'S IMMUNIZATION ARE CURRENT: _____ YES _____ NO

My child plans to attend the San Angelo Museum of Fine Arts' The Art of Nature Camp. I fully realize injury or illness could result from or during my child's participation in the camp. In case of accident or illness, I give my permission for my child to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

PARENT/LEGAL GUARDIAN'S SIGNATURE PARENT/LEGAL GUARDIAN'S NAME PRINTED DATE

PHOTO RELEASE

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I agree to both the photo release and access & use of digital reproductions of Artwork.

Child's Name _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____