



Masters School of Art

Christian Center for the Arts

Summer Workshop Application

Name _____ Date of Birth _____

Parents Name: (applicable only for students under 21)

1 _____ 2 _____

Home Phone _____ Alternate Number _____

Email Address _____

Address: _____

In Case of Emergency:

1 _____ 2 _____

Phone: _____ Phone: _____

Please list what specific workshop(s) you are interested in:

\$35 Non-Refundable Application Fee

Make Checks Payable to: Masters School of Art

**Send Payment & Application to: Masters School of Art
P.O. Box 82
Clackamas, OR 97015**