



HOLIDAY CARD PRINTMAKING

What: Design and create your own holiday cards! You'll start with a drawing and then transfer it to a block carving to create the design. We'll provide stamps and envelopes (and even a nearby mailbox), if you want to send yours right away. Otherwise you can take your cards home along with your finished print blocks!

When: Saturday, December 12, Noon – 4 P.M.

Where: Atelier 6000, 389 Scalehouse Ct., Suite 120, Bend OR 97702

Lunch and transportation will be provided.
Please RSVP to Yarrow as soon as possible.
Jessica.Lovejoy@CalderaArts.org or 541-324-9263



CALDERA ACTIVITY PERMISSION SLIP

Contact: Yarrow (Jessica Lovejoy)
at 541.324.9263 or Jessica.Lovejoy@CalderaArts.org

**See you
soon!**

YOUR CHILD IS INVITED TO ATTEND: Holiday Card Printmaking

NOTES Lunch will be provided.

DATE Saturday, December 12, 2015

TIME Noon – 4 p.m. (plus transportation time)

LOCATION Atelier 6000, 398 SW Scalehouse Ct., Suite 120, Bend OR 97702

TRANSPORTATION Transportation will be provided. RSVP with Yarrow for details.

I give permission for my child (please print legibly)

to attend

Holiday Card Printmaking

on Saturday, December 12, 2015

STUDENTS MUST BRING THIS PERMISSION SLIP TO THE ACTIVITY.

MEDIA RELEASE

I give Caldera permission to include my child and his/her artwork (visual and written) for unlimited promotional and advertising purposes in perpetuity (i.e., brochures, newsletters, consumer print, broadcast, books, Internet, retail, events, etc.). Caldera is a nonprofit organization that nurtures individual creativity through art and nature programming. We promote our programs in order to continue to serve young people. The materials will in no way exploit children or our programs.

Unless I check a box below, by signing this release agreement, I agree to allow my child to be photographed or interviewed by the media and permit Caldera to use my child's artwork in promotional materials.

IF THEY APPLY, PLEASE CHECK BOXES:

My child is in foster care

I do not give permission for my child to be filmed or photographed

MEDICAL INFORMATION

Please list any allergies. Include medications, food and insects:

Other health concerns:

Please list any medications your child will be taking during the Intensive:

In case of an emergency, I give permission for my child to receive medical treatment Yes No

PLEASE PRINT LEGIBLY

STUDENT NAME: _____ PHONE: _____

EMAIL: _____

ADDRESS: _____

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____