



**Bridgewater State University's  
ARTS FOR YOUTH/TEENS  
SATURDAY WORKSHOP  
APPLICATION**

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Name of Child

M/F

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Date of Birth

Age

Years

Months

---

School

School grade

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Parent(s)/Guardian

Relationship

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Address

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Home Telephone

Work Telephone

Cell Phone

---

Email Address

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Emergency Name & Number

Relationship to child

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Does your child have any food allergies? If so, please list.

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How did you learn about this program?

**Mail application and payment (*check made out to "Arts for Youth"*) to:**

**Arts for Youth  
Attn. Professor Lisa Troy, RCC 028  
Bridgewater State College  
Bridgewater, MA 02325  
<http://www.bridgew.edu/artsforyouth>**