

Winter Cartoon BOOT Camp 2009

It's time for our second-annual Winter Break Cartooning Classes for intermediate level art students ages 10-14. Young artists will enjoy five days of classes that allow them to learn and improve their cartooning skills, taught by Cartoonist Brian Kolm (*Beyond the Great Chimney*, www.atomicbearpress.com).

Ages: Intermediate level artists from 10-14 years old.

Dates/Time: December 26th through 30th, 12 PM to 2 PM each day.

Number of students: The class size is limited to no more than 12 students. The class is filled on a first come, first served basis.

Cost*: \$100 for CAM members, \$125 non-members - per student. *Fees must be paid in full to secure a seat in the class.*

Supplies: Basic Drawing Materials will be provided. Students are welcome to bring in their personal sketchbooks and materials.

For Registration and Information, Contact: (415) CAR-TOON (227-8666) ext. 303 or education@cartoonart.org

***Cancellation Policy: Full refund for cancellation two weeks before the class start date.** 50% refund is available until 1 week prior to the first day of class. No refunds are given within the week prior the start of class or after the class has started.

December 26 - 30, 2009 - CARTOON BOOT CAMP: Drawing Mythical Beasts

Students will learn how to draw fanciful creatures like dragons and unicorns, as well as creatures based on the native art and legends of places like Japan, China, and Ireland.

Mail or hand-deliver the registration form to:

**Cartoon Art Museum
655 Mission Street
San Francisco, CA 94105**

or Fax the application to: 415-243-8666

Questions? Call: 415-227-8666 x303 or visit us online at: www.cartoonart.org

Cartoon **BOOT** Camp Winter '09 Registration Form

Classes Dates:
Sat., Sun., Mon., Tue., and Wed.
December 26, 27, 28, 29, 30

Student information (one form per student):

Name: _____ Age: _____

Address: _____

City, State Zip: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency

Contact: _____ Phone: _____ Relationship: _____

Medical Information or Special Needs

List any health conditions or special needs that the staff should know about the student (asthma, allergies, Aspergers, ADD or ADHD, etc.) _____

Media and Liability Agreement

The undersigned hereby declares that he/she is the parent or legal guardian, over the age of 18, of the student, a minor under the age of 18 ("Child").

The undersigned does hereby authorize Cartoon Art Museum and its agents and assigns to photograph, film or create a likeness of Child and to use and display said photographs, films or likenesses, and Child's Artwork for all purposes including advertisement and solicitation, in any medium and for any purpose whatsoever, including without limitation, any publication, multimedia production, display, world-wide web publication, or use on the internet, or any other written, electronic, broadcast or other use.

The undersigned agrees and understands that during Child's participation in the above class(es) he or she may be exposed to a variety

of hazards and risks, foreseen and unforeseen, that may include but are not limited to personal injury and property damage. The undersigned agrees to waive, discharge claims and release from liability the Cartoon Art Museum, its officers, directors, employees, agents and assigns from any and all liability in any way resulting from Child's participation in the class(es). This assumption of risk and release is binding upon all heirs, executors, administrators and assigns. The undersigned hereby warrants and represents that they have the right to enter into this Agreement and grant the rights granted to Cartoon Art Museum and its agents and assigns, herein.

() **YES, I AGGREE TO THE TERMS OF THE MEDIA AND LIABILITY AGREEMENT**

Payment Information

(* \$100 for CAM members, \$125 non-members - per student, per class.) Visa, MC or Local checks with Phone # accepted.

Amount Due for Class(es): _____*

Please make checks payable to **Cartoon Art Museum.**

Credit Card # _____ - _____ - _____ - _____

Expiration ____/____

Name on card: _____

Signature: _____

For CAM Office use only:

Museum Member: Yes No

Amount \$ _____

Payment type: Visa / MasterCard or

Check # _____ Paid _____