



FRANK LLOYD WRIGHT FOUNDATION **ARCHITECTURE CAMP 2010**
REGISTRATION FORM

Parent Name

How did you hear about the camp?

Child Name(s) Age(s)

Address

City State Zip

Phone: Home Work Cell

E-mail(s):

Session(s) Requested (by number): Total Fee:

Make checks payable to: **Frank Lloyd Wright Foundation**

OR Credit Card number Expiration date:

Fee includes a \$50 per session, non-refundable, registration charge. Camp fees include snacks and most materials.

TO REGISTER: Complete, print, and **mail** this form to: Ms. Shawn Rorke-Davis Taliesin West, PO Box 4430, Scottsdale, AZ 85261-4430 **OR fax:** 480.860.8472

OR complete, save, and **email** it to: srdavis@franklloydwright.org For more information, please contact Ms. Shawn Rorke-Davis at 480-627-5355