

DAMLA 2024

Summer Creative Workshop Application Form

PLEASE PRINT:

Student(s) Name _____

Parent (s) Name _____

Address _____

City _____ Zip Code _____

Phone (C) _____ (H/B) _____

E-Mail Address _____

School/Teacher Grade _____

Mail To:

DAMLA
3534 S. Barrington Ave.
Los Angeles, CA 90066

\$50 Donation
Check Payable to:
S.E.E.

(In memo write "DAMLA")
Non-Refundable
Tax Deductible

Tuition Payable to
Insearch Services on or before
first day of class

Questions?
(310) 710-4540

Enroll in Session I, July 1- July 12

Enroll in Session II 8/19-8/23

Number of years enrolled in DAMLA workshops (Including this year) _____

Does your child have food allergies? _____

Are there health concerns we should be aware of?

How did you hear about this workshop? _____

May we include photo of your child on our website? _____ Facebook Page? _____

Other information you would like DAMLA staff to know about your child: _____

Enrollment consideration is based upon date this form is received and student suitability for program. Enrollment is limited.