

# DAMLA 2021

## Summer Creative Workshop Application Form

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

Questions?  
(310) 745-0200

### Enroll my child(ren) in:

**In-person Workshop:** \_\_\_\_\_ Session I \_\_\_\_\_ Session II

**Virtual:** \_\_\_\_\_

- Number of years enrolled in DAMLA workshops (**Including this year**) \_\_\_\_\_
- Does your child have any food allergies? \_\_\_\_\_
- Are there any health concerns we should be aware of? \_\_\_\_\_
- How did you hear about DAMLA workshops? \_\_\_\_\_

May we include photos of your child on our website? \_\_\_\_\_ Facebook Page? \_\_\_\_\_

Other information you would like DAMLA to know about your child:  
\_\_\_\_\_  
\_\_\_\_\_

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