

# DAMLA 2022

## Summer Creative Workshop Application Form

PLEASE PRINT:

Student(s) Name \_\_\_\_\_

\_\_\_\_\_

Parent (s) Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( C) \_\_\_\_\_ (H/B) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**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:**

**Full Three Week Program** \_\_\_\_\_

**Individual Weeks:** \_\_\_\_\_ Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3

- Number of years enrolled in DAMLA workshops **(Including this year)** \_\_\_\_\_
- Does your child have any food allergies? \_\_\_\_\_
- Are there any special health problems/issues we should be aware of?  
\_\_\_\_\_

- How did you hear about this workshop? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Return application with the S.E.E. \$50 per family tax deductible,  
non-refundable donation.