

Dunedin Fine Art Center

# Sleepover

In

The David L. Mason Children's Art Museum

---

Date of Sleepover\_\_\_\_\_

Camper's Age\_\_\_\_\_

Camper's name\_\_\_\_\_

Parent's/Guardian's names\_\_\_\_\_

Address\_\_\_\_\_

Phone #\_\_\_\_\_

Please List Any Allergies, Health Conditions, or  
Special Concerns\_\_\_\_\_

Emergency Phone #\_\_\_\_\_

Payment: \_\_\_\_\_ Date Paid\_\_\_\_\_

\$25 DFAC Family Member

\$35 Non DFAC Family Member

**RELEASE:** By signing this form I(We) release the Dunedin Fine Art Center from any and all liability from any bodily injuries sustained to my(our) troop, or for loss or damage of any personal articles, while on the premises or participating in any activity sponsored by DFAC. I(We) further agree that in the event medical attention is required due to accident or illness, the Dunedin Fine Art Center shall be permitted to seek such medical services as it deems necessary and appropriate through EMS/911 and/or local hospitals.

Parent/Gaurdian  
Signature\_\_\_\_\_