



(845) 512-8279
info@strawtownstudio.org
640 N. Midland Ave.
Nyack, NY 10960

Program Sponsorship Form

If you would like your child to be considered for a sponsorship, please complete the following information and return to: Strawtown, 640 N. Midland Ave., Nyack, NY 10960 or info@strawtownstudio.org. If you have any questions, please call (845) 512-8279. *All information is confidential.*

CHILD/FAMILY INFORMATION:

Child's Name: _____ Age: _____ Birthdate: _____

Parent / Guardian (1): _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

Parent / Guardian (2): _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

Please write why you would like to make Strawtown part of your child's experience, and how Strawtown's programs and philosophy fit in to your family's values! (Continue on the back if more space is needed).

PROGRAM: Please mark which program you are applying for:

Summer Discovery Days After School School Break Other (write in) _____

I understand that this form is for consideration and **does not** guarantee a sponsorship. Sponsorships are granted when funding is available, and candidates are chosen based on availability of space, application date, and, if multiple applications are received at the same time, lottery.

Parent / Guardian Signature

Date