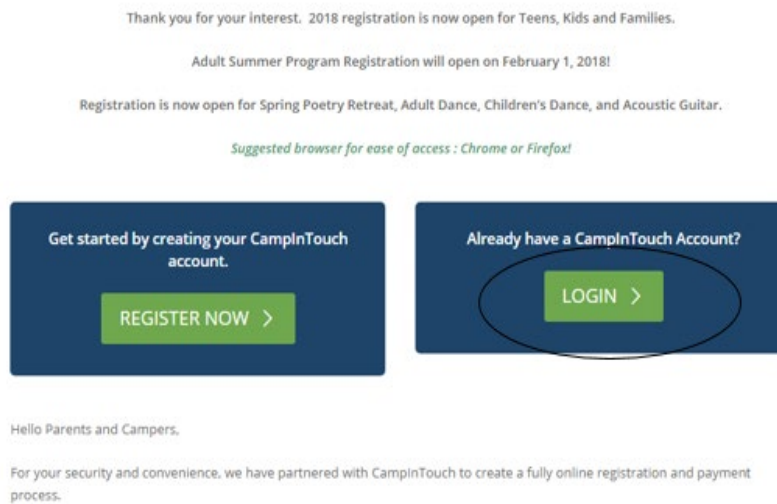


Registration Guide - Returning Adult Students

Go to www.idyllwildarts.org in your web browser. Once there, hover over **Summer Program** and a drop down menu will appear. At the bottom of the menu, click **CampInTouch Registration**.

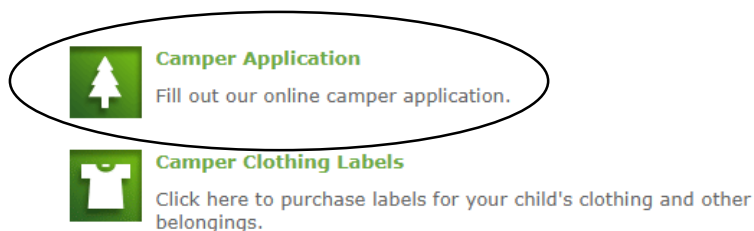


On the middle right side of the page, please click **Login**.



Your browser will then open another tab, directing you to your **CampInTouch** account page. Once you are logged in to your CampInTouch account, click on the **Camper Application**.

Your Camper



You will then select the desired season of interest.

Camper Application

Season
Select a Season ▼

Please select the **camper** you will be filling out the application for.

Season
2020 ▼

Campers
 Mary Test
 Another Child

To apply for Family Week, please use the name of **one family member in your group** to begin. You will enter the names for the rest of your group later in application.

Once a “camper” has been selected, an additional section will appear asking you for general personal information. Once you’ve filled in all the blanks, you may then click **Begin Application**.

Season
2020 ▼

Campers
 Mary Test
 Another Child

To apply for Family Week, please use the name of **one family member in your group** to begin. You will enter the names for the rest of your group later in application.

Please **Capitalize** the **first letter** of the camper's **first and last name**. Thank you.

First Name Mary
Middle Name
Last Name Test
Nickname Mary
NAME CAMPER GOES BY
Suffix None ▼

Gender Male Female

Date of Birth 01/14/1990
MM/DD/YYYY

Grade 12th+
2019-2020 SCHOOL YEAR


School ttt
Facebook
Twitter

I agree to the [Terms of Use](#) and [Privacy Policy](#).

Begin Application

On **Page 1** of the application, you will notice a list of available courses to select from. The courses shown are filtered by date of birth, so only adult workshops should be visible.

Select Program

 Need help selecting a program?
Visit our [Dates and Rates](#) page for more information.

Family Week

[Show Programs](#)

Spring Poetry Retreat

[Show Programs](#)

Auxiliary Programs (Adult Dance & Acoustic Guitar)

[Show Programs](#)

Ceramics and Pottery

[Show Programs](#)

On **Page 2**, be sure to enter your information as the parent. It will ask for a **relationship** – please select **“Other (F)”** or **“Other (M)”** to indicate that you are an adult student.

1 **2** 3 4 5 6 7 8 9

Parent/Adult participant Information
Please **Capitalize** the **first letter** of the **parent's first and last name**.
Thank you.

SHARON TEST'S HOUSEHOLD

Country	United States ▼	City	Test Town
Address	1234 Test Way	State	Arkansas ▼
		Zip	12345
Home Phone			
	EX: 828-555-1212		

Your Personal Information

First Name	Mary	Last Name	Test
Title	Undefined ▼	Suffix	None ▼
Relationship	Other (F) ▼	Marital Status	Single ▼
Work Phone		Login Email	
Cell Phone	111-111-1111	Other Email	
Other Phone		Occupation	

[Add second parent/guardian](#)

[Add another parent/guardian who resides at a different address](#)

Please be sure to complete all **9 pages** of the application. Please call the Summer Registration Office at (951) 468-7265 if you have any questions.