



Summer Camp Registration Form

Student name: _____ Birthday: _____

Allergies: _____ Nickname: _____

T-Shirt: \$10 Child

T-Shirt: \$15 Adult

Total: _____

Dates: **Camp dates are Mon, Tues, Wed, Thurs

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="radio"/> June 15th-18th | <input type="radio"/> June 22nd-25th | <input type="radio"/> June 29th-July 2nd |
| <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |
| <input type="radio"/> July 6th-9th | <input type="radio"/> July 13th-16th | <input type="radio"/> July 20th-23rd |
| <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |

Contact Details

Contact Name: _____ Phone #: _____

Emergency Name: _____ Email: _____

Address: _____

City: _____ Zip Code: _____

Payment Details

\$200 week

\$50 a day

Total (camp fee)

\$ _____

I authorized the credit card to be charged for summer camp and t-shirt fees. Non refundable

Signature

***T-shirts will be issued at Summer Camp**

Camp Hours: 10 a.m.-1pm

****Parents must pick up on time.**

Camp date(s) chosen: _____

For questions or concerns, call (219) 900-2423