



SUMMER DAZE CAMP 2008 CAMPER REGISTRATION



Camper's Name: _____ Age: _____ Date of Birth: _____ Gender: M F

Address: _____

T-shirt Size: Youth S (6-8) Youth M (10-12) Youth L (14-16) Adult: S M L XL

***Camp T-shirts are an additional \$10**

Grade entering in Fall 2008: _____

Parent's Information

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Day Phone: _____

Day Phone: _____

Evening Phone: _____

Evening Phone: _____

Employer: _____

Employer: _____

E-mail: _____

E-mail: _____

I, the parent/guardian of the above mentioned camper, understand that full payment is due 1 week prior to the start of camp. If full payment is not received by the deadline my child will be removed from the registration list. I understand that NO refunds will be given after the start of the session. I also understand that camp ends at 4pm each day and that I may be subject to additional fees if I fail to pick my child up on time.

Signature

Date

Please check the sessions you would like to register your camper for:

Session I June 23 – 27

Session IV July 21 - 25

Session II July 7 – 11

Session V July 28 – August 1

Session III July 14 – 18

Session VI August 4 - 8

For Office Use Only:

Member (\$100/session)

\$10 T-shirt fee

Emergency Form

Non-Member (\$120/session)

Date Paid: _____

Children's Program Waiver

\$20 Extended Care

Session	Payment Amount/Date/Staff Initials	Payment Amount/Date/Staff Initials	Payment Amount/Date/Staff Initials
I			
II			
III			
IV			
V			
VI			

For more information please contact Leah Brackett, Summer Daze Camp Director, 778-7138.

This is not an MSAD #9 sponsored event.