

ADVENTURE CAMP 2008

Entering Grades 6 - 8

PLEASE USE A SEPARATE FORM FOR EACH CAMPER. ADVENTURE CAMP REGISTRATION FORMS SHOULD BE ACCOMPANIED BY A CHECK THAT IS SEPARATE FROM THE SUMMER DAY CAMP.

CAMPER INFORMATION

Name _____ Gender _____ DOB _____ Gr. (Fall '08) _____

Street _____ Town _____ Zip _____ Phone _____

Parent 1 _____ Phone _____ Email _____

Parent 2 _____ Phone _____ Email _____

Upon processing this application, you will receive a parent packet with detailed paperwork regarding your child's emergency and healthcare information.

ATTENDANCE INFORMATION

Extended Day applications will be included in the parent information packet.

PLEASE CIRCLE THE WEEKS YOU ARE ATTENDING

WEEK 1

June 30 - July 3 (No Camp July 4)

WEEK 2

July 7 - July 11

WEEK 3

July 14 - July 18

WEEK 4

July 21 - 25

WEEK 5

July 28 - August 1

WEEK 6

August 4 - August 8

FEE INFORMATION

Adventure Camp: \$300 per week X _____ # of weeks = _____ **Camp Total**

SUMMARY

*Please add your camp fee, plus your optional Campership Donation plus your non-resident fee if applicable. This form must be accompanied by a **NON-REFUNDABLE** \$75 deposit which is subtracted from your total.*

Camp Total		\$ _____
Campership Donation (optional)	+	\$ _____
\$20/week Non-Resident Fee	+	\$ _____
\$30 Late Fee (After June 13, 2008)	+	\$ _____
Minus Non-Refundable Deposit (\$75)	-	\$ <u>75.00</u> (Please subtract this from your total)
Balance Due (We will bill you)		\$ _____

FOR OFFICE USE ONLY:

Date _____ Deposit _____ Check # _____ Date _____ Balance _____ Check # _____