

Summer Camp 2008 Application

Please complete the following registration form to reserve your spot in Summer Camp 2008. You will need to complete a separate application for each camper.

Childs Name: _____

Parents Name: _____

Street Address: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Best time to reach you: _____

Email Address: _____

Camp Week:

1st Choice: _____

2nd Choice: _____

Options:

____ Helmet Rental (\$15/ week, \$25 refundable deposit required)

Payment Preferences

Please let us know how you plan to submit payment

____ It is BEFORE May 15; I am paying a \$ 150.00 non-refundable deposit

____ It is ON or BEFORE May 15; I am paying the full amount

____ It is AFTER May 15; I am paying the full amount

Additional Detail or Questions

Please describe your child's special needs here.