SUMMER DAZE CAMP
2009
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 2009: _____

Parent's Information

Mother's Name: _____
Address: _____
_____
Day Phone: _____
Evening Phone: _____
Employer: _____
E-mail: _____

Father's Name: _____
Address: _____
_____
Day Phone: _____
Evening Phone: _____
Employer: _____
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 22 – 26	☐	Session IV	July 13 - 17
☐	Session II	June 29 – July 2*	☐	Session V	July 20 – 24
	*4 day week - $96 for members/$116 non-members		☐	Session VI	July 27 - 31
☐	Session III	July 6 – 10	☐	Session VII	August 3 - 7

For Office Use Only:

☐ Member ($120/session) ☐ $10 T-shirt fee ☐ Emergency Form

☐ Non-Member ($145/session) Date Paid: _____ ☐ Children's Program Waiver

☐ Extended Care $30 ($24 for session II)

Session	Payment Amount/Date/Staff Initials	Payment Amount/Date/Staff Initials	Payment Amount/Date/Staff Initials
I			
II		☐ Sailing Trip or ☐	Children's Museum
III			
IV			
V			
VI			
VII			

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

This is not an MSAD #9 sponsored event.