



SUMMER DAZE CAMP 2018 LIT REGISTRATION



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

Address: _____

T-shirt Size: Youth L (14-16) Adult: S M L XL

Grade entering in Fall 2018: _____

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 5:30pm 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:

- | | |
|--|--|
| <input type="checkbox"/> Session 1 June 25 – June 29 <input type="checkbox"/> Session 2 July 2 – July 6 (Closed July 4) <input type="checkbox"/> Session 3 July 9 – July 13 <input type="checkbox"/> Session 4 July 16 - 20 | <input type="checkbox"/> Session 5 July 23 - 27 <input type="checkbox"/> Session 6 July 30 – Aug 3 <input type="checkbox"/> Session 7 August 6 - 10 |
|--|--|

For Office Use Only:

- | | |
|--|---|
| <input type="checkbox"/> \$115 Member <input type="checkbox"/> \$135 Non-member | <input type="checkbox"/> Emergency Form <input type="checkbox"/> Children's Program Waiver |
|--|---|

| Session | Payment Amount | Date | Staff Initials |
|---------|----------------|------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

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

This is not a Mt. Blue RSD sponsored event.