

2010 Camp Explore Application

Child's Name: _____ Boy _____ Girl _____

Child's Age: _____ Grade (Fall, 2010): _____

Parent (s)/ Guardian Name: _____

Address: _____ City: _____ Zip: _____

Day Phone: (____) ____ - ____ Home: (____) ____ - ____ Cell: (____) ____ - ____

Email: _____

T-Shirt (Adult Size Only) _____ Sm _____ Med _____ Lg _____ XL

Weeks Attending:

6/14-6/18 (\$100) _____ 7/12-7/16 (\$100) _____

6/21-6/25 (\$100) _____ 7/19-7/23 (\$100) _____

6/28-7/02 (\$100) _____ 7/26-8/30 (\$100) _____

7/05-7/09 (\$100) _____ 8/02-8/06 (\$100) _____

Add \$50 a Week if Attending Aftercare _____ Total Amount Due _____

_____ Office Use Only Below _____

DATE RECV'D	Medical/Release History	Medication Release	Behavior Policy	Balance Paid
Received By				