

2007 Summer Camp

Student Form

Campers Name: _____

Age: _____

Parent: _____

Contact Number: (____) _____

Packages:

5 Day ()

10 Day ()

15 Day ()

20 Day ()

Registered Days:

Camp #1: Monday Thursday
 Tuesday Friday
 Wednesday

Camp #2: Monday Thursday
 Tuesday Friday
 Wednesday

Camp #3: Monday Thursday
 Tuesday Friday
 Wednesday

Camp #4: Monday Thursday
 Tuesday Friday
 Wednesday

Camp #5: Monday Thursday
 Tuesday Friday
 Wednesday

Camp #6: Monday Thursday
 Tuesday Friday
 Wednesday

Total Cost: \$ _____