

Summer Experience 2008 Registration Form

Camper Name _____ **Age** _____

Grade entering in September _____

Parent/Guardian Name(s) _____

Address: _____

Phone Number: _____ **Emergency#** _____

Relative/Neighbor to call if you are not available _____

Medical or other concerns _____

Please check which session(s) you will be attending and indicate whether you will be attending F (Full-day), HA (half-day AM) HP (half-day PM)

Session 1 ___ **Session 2** ___ **Session 3** ___ **Session 4** ___ **Session 5** ___

Session 6 ___

Parent Signature _____

PLEASE NOTE: Confirmation notices will be sent out in May.