



# Camp Merrowvista 2010 Day Camp Registration

## Session Registration

### Session 1 July 19-23

Arrival Times: 8:30am-9:00am

Departure Times: 5:00pm-5:30pm

Friday Departure: Families are invited to join us for a picnic dinner at 5:00 on Friday to celebrate a successful week!

## Camper Information

Male  Female

Camper First Name: \_\_\_\_\_

Camper Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2010-2011 School Year: : (Circle One)

T-Shirt Size: (Circle One)

K 1 2 3

Youth- S M L Adult- S M L

## Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## Camper Information

Does your camper have any dietary requirements? \_\_yes \_\_no If yes, please explain: \_\_\_\_\_

Does your camper have any allergies? \_\_yes \_\_no If yes, please list: \_\_\_\_\_

Do the allergies require your child to carry an epi-pen? \_\_yes \_\_no

Does your child have asthma? \_\_yes \_\_no Does your child have an inhaler? \_\_yes \_\_no

How did you learn about Merrowvista's Day Camp? \_\_\_\_\_

## PAYMENT

Your registration form must be accompanied by a **non-refundable \$25 registration fee**, which is applied to the total cost of Day Camp. The remaining balance is due by **June 14th, 2010**. Registrations received after this date must be accompanied by full payment.

Enclosed is my check made payable to *American Youth Foundation* for \$\_\_\_\_\_.

Please charge \$\_\_\_\_\_ to my:  MasterCard  Visa  Discover  AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (Month/Year)

Name as it Appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_