



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: _____