

CAMP BLING REGISTRATION — 2010

Camper _____ Age _____

Parent _____

Address _____ City _____

Home Phone _____ Cell Phone _____

Food allergies/Pertinent Medical information _____

Emergency Contact Phone # _____

Session dates (please circle) July 19–23 (6-7 yr olds) July 19–23 (8–9 yr olds)

 August 16-20 (10-11 yr olds) August 2–6 (12 & up)

Days attending (please circle) M T W Th F whole week

 Cost per day w/tax — \$38.25 Cost per week w/tax \$153

Method of payment Visa Amex MC # _____ Exp. _____

Signature _____

**You may also call w/credit card number if you prefer* Receipt will be mailed to you.*

Check enclosed # _____ Amount \$ _____

Kindly return form w/payment by June 1st. Thanks!

Any questions, please call 978-562-7756