

Name: _____ Phone: _____ Date: _____

Please check the days your child will be attending camp and total at the bottom for the amount of deposit due at time of registration.

	Mon	Tues	Wed	Thurs	Fri	# of Days
Week 1 6/1 - 6/4						
Week 2 6/7 - 6/11						
Week 3 6/14 - 6/18						
Week 4 6/21 - 6/25						
Week 5 6/28 - 7/1					<u>No Camp</u>	
Week 6 7/6 - 7/9	<u>No Camp</u>					
No Camp July 2nd and July 5th for 4th of July holiday						
Week 7 7/12 - 7/16						
Week 8 7/19 - 7/23						
Week 9 7/26 - 7/30						
Week 10 8/2 - 8/6						

Total # of days attending: _____

x \$5

Total Deposit Due: _____