



SUMMER CAMP 2017

Child's Name: _____ Age: _____

Parent's Name: _____

Cell Phone # _____

Email: _____

Camp Hours: 9am – 1pm (snack is provided, children must bring lunch)

Please choose from the following & return by March 10th with 50% payment:

____ Week 1: **Camping Club** (May 30 - June 2) \$144

____ Week 2: **Beach Week** (June 5 – June 9) \$180

____ Week 3: **Science Exploring** (June 12 – June 16) \$180

____ Week 4: **Sports Fun** (June 19 – June 23) \$180

____ All Four Weeks at a discounted price \$650

Date Pd: _____ Amount: _____ Check # _____ - Date Pd: _____ Amount: _____ Check # _____