



REGISTRATION FORM
MARCH BREAK CAMP 2010
MARCH 15 – 19, 2010
CAMP HOURS: *9:00 a.m. – 4:00 p.m.

FEE: \$230.00 per child

CAMPER INFORMATION

Child's Name: _____ Age: _____

Address: _____

Postal Code: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Home Phone Number: _____ Business Number: _____

Cell Number: _____ E-mail: _____

Name: _____

Home Phone Number: _____ Business Number: _____

Cell Number: _____ E-mail: _____

* Please indicate below if you require free before/after camp care for your child.
It is available from 7:00 a.m. – 9:00 a.m. and 4:00 p.m. – 6:00 p.m.

Yes _____ No _____

Signature of Parent/Guardian: _____

METHOD OF PAYMENT

Cash _____ Cheque _____ Credit Card _____ Type of Card: _____

Credit Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

TO RESERVE A SPOT - PLEASE RETURN THIS FORM TO:
J. PHILLIPS, BY FEBRUARY 22, 2010