

# 2008 SUMMER CAMP REGISTRATION *(1 form per child)*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Boy or Girl  
CIRCLE ONE

Allergies: \_\_\_\_\_

Special needs: \_\_\_\_\_

Promotional photos of my child may be used: yes \_\_\_\_\_ no \_\_\_\_\_

<p><b>DAY CAMP</b> Completed Grades 1-5 (Choose 1 session)</p> <p><input type="checkbox"/> June 16-20</p> <p><input type="checkbox"/> June 23-27</p> <p><b>COST: \$90</b> by May 18th <b>\$100</b> after May 18th</p> <p>Name of <b>ONE</b> friend requested: _____ <b>(must be in same grade)</b></p>
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<p><b>MY FIRST CAMP</b> June 9-12</p> <p><input type="checkbox"/> 3-year old <b>(by 5/01/2008)</b></p> <p><input type="checkbox"/> 4-year old</p> <p><input type="checkbox"/> 5-year old</p> <p><input type="checkbox"/> 6-year old</p> <p><b>COST: \$18</b> by May 18th <b>\$20</b> after May 18th</p> <p>Name of <b>ONE</b> friend requested: _____ <b>(must be same age)</b></p>
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Parent(s) Names: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
MOM DAD

Home phone: \_\_\_\_\_

Non-parent Emergency Contact: \_\_\_\_\_

**PAYMENT INFORMATION: Please print clearly and complete ALL information requested**  
**NO REFUNDS AFTER REGISTRATION DEADLINE (May 18<sup>th</sup>)**

Payment type: Check # \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_

Total Payment: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**RETURN FORM TO: RWC Summer Camps, 4420 County Rd. 101, Minnetonka, MN 55345**