

SUMMER CAMPS REGISTRATION FORM

OFFICE USE: TN# _____ DATE _____

1. PARENT INFO nonmember mbr # _____
 Name _____
 Address _____
 City/State/Zip _____
 Home phone _____
 Work phone _____
 Cell phone _____
 Email (to receive confirmation) _____

Second adult listed on membership (optional)
 Name _____
 Work phone _____
 Cell phone _____

2. EMERGENCY CONTACT OTHER THAN A PARENT

Name _____ Relationship _____
 Home phone _____
 Work phone _____
 Cell phone _____

3. CHILD INFO Please Note: Age categories must be observed to ensure the best possible experience for all children in the class.

Name _____ Name _____
 Birth date _____ Birth date _____
 Age _____ F M F M F M
 Special needs _____ Special needs _____

Name _____ Name _____
 Birth date _____ Birth date _____
 Age _____ Age _____
 Special needs _____ Special needs _____

OFFICE USE _____ OFFICE USE _____

4. PROGRAM SELECTION

If your selected program fills would you like to be waitlisted? **↓**

Date	Choices	Course code	Time	Course or item title	Participant's name	Wait list?	Price
	1st choice						
	2nd choice						
	1st choice						
	2nd choice						
	1st choice						
	2nd choice						

5. PAYMENT INFO

Card type _____ Exp. date _____
 Address _____
 Card # _____
 Name _____
 Signature _____
 Check payment _____

COMMENTS

Subtotal _____
 Voucher# _____ Amt _____
 Subtotal _____
 Add membership _____
 Total _____