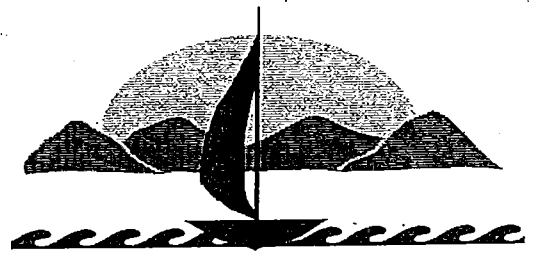


CAMP DAVIS DAY CAMP REGISTRATION FORM Summer 2010



Camper Name: _____ Male Female DOB: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Parent/Legal Guardian: _____ email: _____
 Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Authorized Pick-Up & Emergency Contact List (Other than parent / legal guardian)

Please provide names and phone numbers of persons other than parents or guardians allowed to pick up your child. Any custody or restraining orders in place must be provided to the Camp in writing. All information kept confidential.

 Contact #1 Name: _____
 Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Contact #2 Name: _____
 Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Session	Select wk (parent)	Fee (staff use)	Deposit (staff use)	Balance (staff use)	Receipt # (staff use)	MOP (staff use)
Week 1 (June 28-July 2)						
Week 2 (July 6-July 9)*						
Week 3 (July 12-16)						
Week 4 (July 19-23)						
Week 5 (July 26-30)						
Week 6 (August 2-6)						
Week 7 (August 10-13)*						
Week 8 (August 16-20)						
Category Total						

Closed July 5 & August 9