



Community Partner



Summer Camp Registration Form

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Phone #:(_____) _____ Work #:(_____) _____

Emergency Contact: _____

Relation: _____ Phone #:(_____) _____

Please check all that applies:

- | | |
|--|--|
| <input type="checkbox"/> All summer (\$150) | <input type="checkbox"/> June 30 – July 3 (\$20) |
| <input type="checkbox"/> June 2 – 6 (\$20) | <input type="checkbox"/> July 7 – 11 (\$20) |
| <input type="checkbox"/> June 9 – 13 (\$20) | <input type="checkbox"/> July 14 – 18 (\$20) |
| <input type="checkbox"/> June 16 – 20 (\$20) | <input type="checkbox"/> July 21 – 25 (\$20) |
| <input type="checkbox"/> June 23 – 27 (\$20) | <input type="checkbox"/> July 28 - August 1 (\$20) |

Payment Method

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Cash | |
| <input type="checkbox"/> Check | *Please make checks out to Boys & Girls Club of the Alma Area |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa <input type="checkbox"/> Discover |

Card Number: _____

Expiration Date: _____/_____ ID#: _____

Signature: _____

Please send registration form and fee to:
PO Box 1689
Alma, AR 72921

*Registration deadline for all summer rate is May 30, 2008
*Registration for weekly rates is due 1 week prior