



Registration Form

Name of Student: _____ Grade in Sept 09: _____

Parent(s) Name(s): _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell/Other Phone: _____

Parent Email Address: _____

Emergency Contact: _____ Phone: _____

Please check which class(es) your child will be attending:

_____ Monday / Tuesday Grades 5th - Jr. High _____ Thursday / Friday - Grades 1st - 4th

Please select which weeks you will be attending Puppetry Class:

_____ Every Week _____ Week of July 6th _____ Week of July 13th
_____ Week of July 20th _____ Week of July 27th _____ Week of August 3rd
_____ Week of August 10th _____ Week of August 17th

Will your child be participating in the puppet show on Thursday evening, August 20th? _____

***Remember there is **NO** charge for Puppetry on a **PAID** day of Day Camp. The fee is \$20 per week (\$10 per day) for non-day campers.

