



SUMMER DAZE CAMP 2021 LIT REGISTRATION



LIT's Name: _____ Age: _____ Date of Birth: _____ Gender: M F

Address: _____

T-shirt Size: Youth L (14-16) Adult: S M L XL

Grade entering in Fall 2021: _____

Parent's Information

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Day Phone: _____

Day Phone: _____

Evening Phone: _____

Evening Phone: _____

Employer: _____

Employer: _____

E-mail: _____

E-mail: _____

I, the parent/guardian of the above mentioned camper, understand that full payment is due 1 week prior to the start of camp. If full payment is not received by the deadline my child will be removed from the registration list, unless approved by the camp director. I understand that NO refunds will be given after the start of the session. I also understand that camp ends at 5:30pm each day and that I may be subject to additional fees if I fail to pick my child up on time.

Signature _____

Date _____

Please check the sessions you would like to register your camper for:

- | | |
|---|--|
| <input type="checkbox"/> Session 1 June 21 – 25 <input type="checkbox"/> Session 2 June 28 – July 2 <input type="checkbox"/> Session 3 July 6 – 9 (closed 7/5 20% discount) <input type="checkbox"/> Session 4 July 12 – July 16 | <input type="checkbox"/> Session 5 July 19 - 23 <input type="checkbox"/> Session 6 July 26 - 30 <input type="checkbox"/> Session 7 August 2 - 6 |
|---|--|

For Office Use Only:

- | | |
|--|---|
| <input type="checkbox"/> \$115 Member <input type="checkbox"/> \$135 Non-member | <input type="checkbox"/> Emergency Form <input type="checkbox"/> Children's Program Waiver |
|--|---|

| Session | Payment Amount | Date | Staff Initials |
|---------|----------------|------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

For more information please contact Leah Brackett, Summer Daze Camp Director, 778-7138.

This is not a Mt. Blue RSD sponsored event.