(RETURN THIS FORM)				<b>Registration Form 2023</b>	
Campe	r's name:		Age	Weight	Height
St. Add	lress				
City, St	tate, Zip				
E-mail	address:				
Name o	of Parent(s) or G	uardian(s):			
Home I	Phone #:	Cell Pho	ne #		
Work P	Phone #:	Other			
Please	register me for	the following session:			
June 12	2-15	July 10-13		July 31-Aug 0	3
June 19	0-22	July 17 -20		Aug 07-10 _	
June 26	5-29	July 24-27			
(work, Special Please l	family, friends,  Diet Needs (Ple	one number of person(s) to coetc.)  ease list) If medically require , medical and/or mental health ches, asthma, ADD/ADHD, et	ed please call or	bring needed it	
		Charliet (noturn both forms	a with dor asit		
1.	Complete and	Checklist (return both form sign release form	s with achosit)		A MAS
2.	•				
	-	sign registration form		/A 1 1: • · · ·	
3.	T-Shirt size	Sm Med	Lg	(Adult sizes)	

(Your canceled check is your verification for that week of camp)

Please put girls name and week of camp on your checks

Send deposit of \$100.00 \_\_\_\_\_

4.