

Camper's Name:

M / F

Summer 2024

DOB

Parent Phone:

Food Allergies Y N (if yes _____) Resident Non-resident

Please check the camp you want. First session payment is due in full, each additional session may be held with a \$10 non-refundable deposit.

Table for Week 1: June 10 - June 14 with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 4: July 1 - July 5 PRO RATE with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 7: July 22 - July 26 with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 2: June 17 - June 21 with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 5: July 8 - July 12 with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 8: July 29 - August 2 with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 3: June 24 - June 28 with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 6: July 15 - July 19 with columns for Select, Fee, and THEME: Minion Madness (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

Table for Week 9: August 5 - August 9 with columns for Select, Fee, and THEME (Mini Explorers, Explorers I, Explorers II, Multi-Sports I, Multi Sports II).

- Cash/Money Order (staff initials _____)
Check # _____
Credit Card: Visa/MC Please provide info below

For Credit Card Payments:

Form for credit card payment with 3 Digit Code field.

Counselor in Training ~ All Weeks

Table for Counselor in Training with columns for Select, Fee, and THEME (CIT 9th -11th).

Total Due today

Credit Card Information:
Expiration Date (Month/Year):

Parent/Payee Signature

Date

Parent/Payee Printed and DOB

Will Need this information to put into ActiveNet!

Parent Email

Staff only

Form for staff with checkboxes for Allergies, Registration Form, Entered into ActiveNet, and Wavier.

Form for staff with checkboxes for Medication Form and In-Person.