



**Summer Program Registration Form 2010**

Name of Member: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Number: \_\_\_\_\_

Age: \_\_\_\_\_ Emergency Name & # \_\_\_\_\_

**Shirt Size –Youth Sm M L Adult Sm M L XL (Please Circle)**

Please check off the following weeks that you would like to register your child for:

|                        |                                       |              |       |                          |
|------------------------|---------------------------------------|--------------|-------|--------------------------|
| Mad Scientist Camp     | <b>Ages: 7-14</b> (closed July 1 & 2) | June 28 –30  | \$80  | <input type="checkbox"/> |
| Girl Power Week        | <b>Ages: 7 –14</b>                    | July 5 - 9   | \$140 | <input type="checkbox"/> |
| Boy Power Week         | <b>Ages 7 - 14</b>                    | July 5 - 9   | \$140 | <input type="checkbox"/> |
| Outdoor Adventure Camp | <b>Ages: 6-14</b>                     | July 12 - 16 | \$140 | <input type="checkbox"/> |
| Wacky Water Week       | <b>Ages: 5-14</b>                     | July 19 - 23 | \$140 | <input type="checkbox"/> |
| Wilderness Camping     | <b>Ages: 8 –14</b>                    | July 26 – 30 | \$162 | <input type="checkbox"/> |
| Artists of Tomorrow    | <b>Ages: 5 –14</b> (closed Aug 2)     | Aug 3 – 6    | \$117 | <input type="checkbox"/> |
| Crazy Carnival Camp    | <b>Ages: 5 –14</b>                    | Aug 9 – 13   | \$140 | <input type="checkbox"/> |
| City Wide Extravaganza | <b>Ages: 7 –14</b>                    | Aug 16 – 20  | \$140 | <input type="checkbox"/> |
| Extreme Sports Camp    | <b>Ages: 7 –14</b>                    | Aug 23 – 27  | \$140 | <input type="checkbox"/> |
| <b>TOTAL</b>           |                                       |              | \$    |                          |

**Staff - Immediately record this information on the Master Attendance list**

**Credit Card Information:**

**Name of Card Holder:** \_\_\_\_\_

**Type of Credit Card:** MasterCard  Visa

**Credit Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_ / 20 \_\_\_\_

Please fax this completed form to: 622-5000 or email to: skirving@tbayboysandgirlsclub.org  
**Staff - Tear this section off and shred once transaction is approved.**

**Receipt #'s** \_\_\_\_\_