

Registration FORM Camp

**BRING ONE COMPLETED FORM PER CHILD TO
REGISTRATION DAY ON JANUARY 23, 2010**

PARTICIPANT NAME:

Last: _____ First: _____

DOB: _____ School Grade for the 2010-2011 school year: _____

Shirt Size: YS YM YL AS AM AL

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

email address: _____

Guardian Name: Last: _____ First: _____ DOB: _____

Please check next to desired camp session(s):	Camp Explorer	Extreme Explorer/Jr. Leader	Total
Pre-Camp June 1-4	\$128/\$144 <input type="checkbox"/>	\$150/\$182 <input type="checkbox"/>	
8 week June 7-Jul 30	\$995/\$1050 <input type="checkbox"/>	\$1155/\$1210 <input type="checkbox"/>	
4 week June 7-Jul 2	\$505/\$560 <input type="checkbox"/>	\$600/\$655 <input type="checkbox"/>	
4 week Jul 5-30	\$505/\$560 <input type="checkbox"/>	\$600/\$655 <input type="checkbox"/>	
1st week June 7-11	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
2nd week June 14-18	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
3rd week June 21-25	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
4th week June 28-Jul 2	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
5th week Jul 5-9	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
6th week Jul 12-16	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
7th week Jul 19-23	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
8th week Jul 26-30	\$160/\$180 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
Extension Camp 2 week Aug 2-13	\$330/\$365 <input type="checkbox"/>	\$330/\$365 <input type="checkbox"/>	
Extension Camp 1 week Aug 2-6	\$187/\$207 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	
Extension Camp 1 week Aug 9-13	\$187/\$207 <input type="checkbox"/>	\$187/\$207 <input type="checkbox"/>	

Sub-Total \$

Would you like schedule payments? There is a \$30 schedule payment fee per child. Payments will begin February 16 and end July 15. There must be a minimum of \$500 charge to qualify for scheduled payments.

YES NO

Scheduled Payments Fee \$

Total \$



Payment Type: AE MC Visa # _____

Exp. Date: _____

Check # _____

- I have read the refund, credit and wait-list policies.
- Check here if you are requiring accommodation. Please allow a three-week notice.
- I have read the refund, credit, and waitlist policies in the Winter/Spring 2010 Brochure.

Office use only: RR R NRR NR

Questions? Contact Dawn Stipe at dstipe@broomfield.org or 303-464-5541