

Wallingford Boys & Girls Club Summer Camp Registration

If you need space to sign up additional children, simply duplicate this registration form.

Child Name _____ Date of Birth: _____ Grade (this fall): _____ Gender: M F
 Parent/Guardian 1: _____ Cell/Work #: _____ Home #: _____ Email: _____
 Address _____ City _____ Zip _____
 Parent/Guardian 2: _____ Cell/Work #: _____ Home #: _____ Email: _____
 Address _____ City _____ Zip _____

When registering, please note the following:

- For all WBGC camps, please pay the first week in full, and a \$25 deposit for each additional week
- All Skyhawks camps must be paid in full at time of registration
- In order to register, membership must be current or \$15 membership fee must be included
- For any Adventure Camp registration, please include a \$15 t-shirt fee

Dates	Camp Name <small>(For Skyhawks, please list by sport; for WBGC Camps, please list by site)</small>	Adventure Camps (B.F. Day, Sacajawea, View Ridge) Only: <small>please circle days attending 2010 weekly fees: 4/5 days \$180, 3 days \$135, 2 days \$95, 1 day \$55</small>	Camp Fee	Payments Being Made at Registration <small>(For WBGC Camps, please pay a \$25 deposit to hold each additional week after the first week is paid in full. You may also pay in full now if you prefer. Skyhawks must be paid in full at time of registration)</small>	Remaining Balance <small>(All balances are due the Monday prior to the beginning of that week's camp)</small>
Sample	<i>Skyhawks Soccer</i>	M T W Th F	\$145	\$145—Paid in Full	\$0
Sample	<i>B.F. Day—3 days</i>	(M) (T) W (Th) F	\$135	\$25—Deposit	\$110
Week 1 June 28—July 2		M T W Th F			
Week 2 July 5—9		M T W Th F			
Week 3 July 12—16		M T W Th F			
Week 4 July 19—23		M T W Th F			
Week 5 July 26—30		M T W Th F			
Week 6 Aug 2—6		M T W Th F			
Week 7 Aug 9—13		M T W Th F			
Week 8 Aug 16—20		M T W Th F			
Week 9 Aug 23—27		M T W Th F			
Include \$15 t-shirt fee if attending any Adventure Camp program at B.F. Day, View Ridge, or Sacajawea					
Include \$15 membership fee if applicable					
TOTAL					

Please select method of payment:
 ___ Check ___ Visa ___ MasterCard Exp. Date _____ Signature _____
 Card # _____ - _____ - _____ Name on Card _____

Office Use Only:
 Receipt # _____ Membership Paid Receipt # _____ Date Paid _____