



# Teen Adventures Summer Day Camp

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade (as of September, 2019) \_\_\_\_\_ Age \_\_\_\_\_

Does your child have a medical condition that our camp staff should be aware of? YES NO

If so, please explain \_\_\_\_\_

**Campers are required to purchase a camp T-shirt to wear on field trips. \$8.00 per shirt**

Shirt Size Y14/16 AS AM AL AXL

**Additional siblings will receive \$5.00 off each session that you register for camp.**

**Please put a check by the week(s) your child would like to attend camp.**

Dates
Session 1: June 17-28
Session 2: July 8-19

**Teen Camp Fees**

*\$320/NR \$325 per session*