



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

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