

Camper's Name: _____



SUMMER REGISTRATION CHECKLIST



Circle One: Center Member / Center Non-member

Membership expiration date: _____

Summer Camp Weeks: Check all that apply

Circle S for Sports and D for Discovery

Non-members: \$185/ Center Members: \$170 per week

- Week 1: June 7-11: S or D
- Week 2: June 14-18: S or D
- Week 3: June 21-25: S or D
- Week 4: June 28-July 2: S or D
- Week 5: July 5-9: S or D
- Week 6: July 12-16: S or D
- Week 7: July 19-23: S or D
- Week 8: July 26-30: S or D

My Costs:

\$25 Registration Fee

\$ ____ = No. of Weeks ____ x cost ____

\$ ____ Total from Specialty Camps

\$ ____ = \$110 x No. of Weeks for
before/aftercare ____

\$ _____ Total for Summer

**Payment billed Friday prior
(except for specialty camps)**

Specialty Camps (payment due at registration):

- | | |
|---|--|
| <input type="checkbox"/> Archery: July 5-8: Cost: Member:\$75/Non:\$90 | <input type="checkbox"/> Aftercare for Archery(\$110) |
| <input type="checkbox"/> Fit Crew: July 15-22: Cost: Member:\$120/Non:\$135 | <input type="checkbox"/> Before/Aftercare Fit Crew(\$110) |
| <input type="checkbox"/> Fishing: July 26-29: Cost: Member: \$90/Non:\$105 | <input type="checkbox"/> Aftercare for Fishing(\$110) |
| <input type="checkbox"/> Drama: July 12- 15: Cost: Member: \$260/Non:\$275 | <input type="checkbox"/> Week 1 Aftercare for Drama(\$110) |
| | <input type="checkbox"/> Week 2 Aftercare for Drama(\$110) |

I understand the charges listed above and agree to be automatically billed the Friday before the week of attendance. I also agree in order to reserve my spot in a specialty camp I must pay in advance. I also agree to submit any schedule changes in writing/email to Kathryn Palmer, Youth Programs Director, by the Thursday before attendance and understand that there are no refunds.

Print Name _____ Signature _____ Date _____