

Adventure Camp Initial Registration Form

Participant NAME (print) _____

GRADE of Participant in
September 2010:



AGE of Participant on
June 20, 2010:

PHONE _____

e-mail _____

ADDRESS _____ City _____ Zip Code _____

Name & Location of Parish you attend: _____

I WOULD LIKE TO ATTEND ADVENTURE CAMP: June 20th - June 25th 2010.

I have enclosed my **non-refundable** registration deposit of \$50.00.

I give my son/daughter permission to attend Adventure Camp. I, as a parent, along with my son/daughter, are committed to this event, which will include participation in all meetings, along with reading & complying with Adventure Camp policies & packing requirements. I acknowledge that more information & releases will be required for my son/daughter to participate in Adventure Camp. In addition, I understand that further payments for Adventure Camp will be required by March 12, 2010 (\$150.00) & May 14, 2010 (remaining balance), and that missing a payment will vacate my son/daughter's spot at Adventure Camp. I know that refunds will not be given in the event my son/daughter's spot at Adventure Camp is vacated. I recognize that fundraising opportunities are available to help defray camp expenses if my son/daughter & I are willing to commit the time to participate.

Youth Signature _____

Date _____

Parent name (print) _____

Parent Signature _____

Date _____

Return form & deposit payment to Jeff Leslie at St. Bronislava Parish, P.O. Box 158, Plover. WI 54467-0158.
Registrations will be accepted until camp is filled. No registration will be accepted without a deposit payment.
Makes checks payable to St. Bronislava Parish (Memo: Adventure Camp)