

# 2010 GOLF CAMP REGISTRATION FORM

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

Circle: Boy /Girl Date of Birth \_\_\_\_\_

Camper's Home Phone: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Camper's Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Parent or Guardian: \_\_\_\_\_

Address for billing:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_ EXT: \_\_\_\_\_

Secondary Contact Parent or Guardian: \_\_\_\_\_

Phone:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_ EXT: \_\_\_\_\_

Upon registration, health form is required to be completed. Please return Golf Camp applications with a **\$50 non-refundable deposit** to:

**Mermaid Country Day Camp**

**P.O. Box 60 • Blue Bell, PA 19422**

*(Note: If your child is already registered for the Day Camp, no additional deposit is required.)*

## Select Week:

- |                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> June 28 (\$225/week)  | <input type="checkbox"/> 1/2 Day Day Camp after Golf (\$150/week) |
| <input type="checkbox"/> July 5 (\$225/week)   | <input type="checkbox"/> 1/2 Day Day Camp after Golf (\$150/week) |
| <input type="checkbox"/> July 12 (\$225/week)  | <input type="checkbox"/> 1/2 Day Day Camp after Golf (\$150/week) |
| <input type="checkbox"/> July 19 (\$225/week)  | <input type="checkbox"/> 1/2 Day Day Camp after Golf (\$150/week) |
| <input type="checkbox"/> July 26 (\$225/week)  | <input type="checkbox"/> 1/2 Day Day Camp after Golf (\$150/week) |
| <input type="checkbox"/> August 2 (\$225/week) | <input type="checkbox"/> 1/2 Day Day Camp after Golf (\$150/week) |