

# SUMMER CAMP REGISTRATION FORM

## Adult Responsible for Payment

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Child Being Registered

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Grade \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

## Camp Session

	July 13 to 17	July 20 to 24	July 27 to 31	Aug 3 to 7	Aug 10 to 14
Session:	I	II	III	IV	V

(Please circle all that apply)

## All Registrants Must Sign

I have read, understand and agree to the payment, refund and changes in registration policies stated in the camp brochure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail registration form and \$100 deposit made out to the **Washington Canoe Club** to:

**Summer Camp**  
**3700 K Street NW**  
**Washington, DC 20007**