

LSSE Day Camp 2008 Registration Form

A. Please Choose Camp(s) and Session(s) for Your Child.

834500 EARLY ADVENTURES

8:30 a.m.-4:00 p.m.		8:30 a.m.-5:00 p.m.	
A	06/23-06/27 _____ \$217	_____ \$253	
B	06/30-07/03 _____ \$185	_____ \$207 * No camp July 4	
C	07/07-07/11 _____ \$217	_____ \$253	
D	07/14-07/18 _____ \$217	_____ \$253	
E	07/21-07/25 _____ \$217	_____ \$253	
F	07/28-08/01 _____ \$217	_____ \$253	
G	08/04-08/08 _____ \$217	_____ \$253	

834502 OUTDOOR CHALLENGE

A	07/07-07/11 _____ \$295
B	07/14-07/18 _____ \$295
C	07/21-07/25 _____ \$295
D	07/28-08/01 _____ \$295
E	08/04-08/08 _____ \$295
F	08/11-08/15 _____ \$295

834503 LIT: Leader In Training

A	06/30-07/03 _____ \$725 *No camp July 4
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834501 ADVENTURE PLAYGROUND

8:30 a.m.-4:00 p.m.		8:30 a.m.-5:00 p.m.	
A	06/23-06/27 _____ \$199	_____ \$225	
B	06/30-07/03 _____ \$164	_____ \$186 *No camp July 4	
C	07/07-07/11 _____ \$199	_____ \$225	
D	07/14-07/18 _____ \$199	_____ \$225	
E	07/21-07/25 _____ \$199	_____ \$225	
F	07/28-08/01 _____ \$199	_____ \$225	
G	08/04-08/08 _____ \$199	_____ \$225	

B. Required Medical Forms:

All Registrations MUST include:

Early Adventures/Adventure Playground
 _____ Current Immunization Records
 Outdoor Challenge, LIT, Sports Plus
 _____ Current Immunization Records
 _____ Current Medical Exam (within 2 years of beginning of camp)

834504 SPORTS PLUS (7-9 year olds):

Choose one of these sports camps (see prices below) per session **AND one** Sports Plus (Adventure Playground) option (\$94 without extended day or \$118 with extended day):

A	07/07-7/11	7/14-7/18
CoedBasketball	_____ \$150	Soccer _____ \$175
Baseball	_____ \$150	Softball _____ \$150

AND

Sports Plus (until 4:00 p.m.) _____ \$94
 Sports Plus (extended day until 5:00 p.m.) _____ \$118

C. Participant Information

Participant Name: _____ M ___ F ___ Date of Birth: _____ Age ___ Grade ___ School: _____

Primary Parent/Guardian Name: _____ Email Address: _____

Address: _____
 Street Town State Zip

Phone: (H) _____ (W) _____ Cell: _____

Emergency Name: _____ Emergency Phone: _____

Special Needs/Concerns? ___ Yes ___ No If yes, please ask for our Inclusion/Access form when you register.

Photo Release: May LSSE use photos of you or family members for brochure, website, or promotional use? [] yes [] no

Guardian's Signature _____

D. Payment

Fee Calculation: Fee \$ _____ + Late Fee \$ _____ + Non-Resident Fee \$ _____ = TOTAL \$ _____

If paying by VISA, Mastercard, or Discover

Card # _____ - _____ - _____ - _____ Exp. Date _____

Credit Card Authorized Signature _____