

Paddling Day Camp 2023 [Non-Member]

	Returnin	g Paddle	r F	Previo	us ye	ar(s)	at	tended _							
NAME: PARTICIPANT'									DATE OF BIRTH						
		ICAL CONCERNS	ALLERGIES					HEALTH CARD #							
NAME								Phone #1: Home Work Mobile							
NAME: PARENT/GUARDIAN															
ADDR	Ecc.									Phone #2:					
ADDK	E 33.									Phone #3:					
		_													
EMAIL:															
FMFRGI	EMERGENCY CONTACT														
NAME			<u>IE</u>			RELATIONSHIP			PHONE NUMBER						
					1				1	Γ		1			
	\$25.00/w	25.00/wk. Pre/Post Care		WEEK 3 JUL 17 TO			17 TO JUL 21	JL 21		WEEK 6	AUG 8 TO AUG 11				
	WEEK 1 JUL 4 T		O JUL 7			< 4 JU	JL 2	L 24 TO JUL 28			WEEK 7	AUG 14 TO AUG 18			
WEEK 2		JUL 10	TO JUL 14	WEEK 5 JU			JL 31 TO AUG 4			WEEK 8	AUG 21 TO AUG 25				
	#	FEE						TOTAL							
				X \$225.00											
1 = \$225					4 = \$900 5 = \$1125 6 = \$					50 7 = \$1525 8 = \$1800 \$25 X WKS.					
By si	By signing below, I hereby certify that I have:														
Read & Signed the Release of Liability & Waiver Received Handbook															
	Signature of Parent/Guardian									Date					
Pavm	nent Infor	mation.													
- ayıı							J	Number					Exp. D	ate	
Cas	h Chec		t E-transfer	Mast	terCard	Vis	sa								
Date Paid:				Amount Paid:						R	eceipt #				