

PEACOCK CAMP SUMMER ADVENTURE DAY CAMP REGISTRATION

(entering grades K - 8)

Primary Guardian

Last Name _____ First Name _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Emergency Phone _____

Check box if you would like to be added to our e-mail list.

Shirt sizes: YS 6-8, YM 10-12, YL 14-16, AS, AM, AL, AXL

Campers Name	Entering Grade	Gender	Birthday	Session Code	Dates	Shirt Size**	Session Fee	Extended Care Fee	Total Fee

** I would like to purchase _____ t-shirts at \$10.00 each

I would like to purchase _____ cinch bags at \$5.00 each

TOTAL DUE

cash or check only

Please list any special requests or accommodations needed if any:

Signature of Primary Guardian _____ Date _____

OFFICE USE ONLY BELOW THIS LINE

Date Received _____

Approved By _____

Fees Received _____

Cash _____

Check _____