

**LAKE VILLA TOWNSHIP'S
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 | Male/ Female | Birthday | Grade | Shirt Size | # of Sessions | Session Fee | Extended Care? Please list AM, PM or Both | Total Fee |
|--------------|-----------------|----------|-------|------------|------------------|-------------|---|-----------|
| camper 1 | | | | | | | | |
| camper 2 | | | | | | | | |
| camper 3 | | | | | | | | |

Add T-Shirt \$10

CHOOSE YOUR 1601: 6/13-17 1602: 6/20-24 1603: 6/27-7/1 *1604: 7/5-8

Add Cinch Bag \$5

SESSION(S) 1605: 7/11-15 1606: 7/18-22 1607: 7/25-29 1608: 8/1-5

DEPOSIT PAID

TOTAL DUE

SESSION FEES

Resident: \$155 for one week, 5% off for multiple weeks *1604 is \$124 due to July 4th holiday

Non-Resident: \$170 for one week, 5% off for multiple weeks *1604 is \$136 due to July 4th holiday

Extended Care: \$20 for AM, \$20 for PM or \$30 for both AM & PM (no discount for multiple weeks)

Deposit: \$50 for the first week, per camper; \$10 each additional week, applied to total

Please list any special requests or accommodations needed if any:

Signature of Primary Guardian _____ Date _____

PAYMENT TYPE _____ CC # _____

CASH _____

CHECK _____ EXP DATE MM/YYYY _____ CVV CODE _____

CREDIT _____

NAME ON CARD _____ SIGNATURE _____