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Summer Camp Registration Form

CHILD'S NAME: _____ CHILD'S AGE: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENTS/GUARDIAN: _____

PHONE NUMBER: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE#: _____

Does your child have any medical conditions or any information that you believe will be helpful to the staff at Mud Creek Ranch: _____

Please enroll me in (check one):

T-shirt Size (circle one)

<input type="checkbox"/> Session 1: June 2-6, 2009 (Advanced)	<input type="checkbox"/> Youth Sizes (Small, Medium, Large)
<input type="checkbox"/> Session 2: June 15-19, 2009 (Intermediate)	<input type="checkbox"/> Adult Sizes (Small, Medium, Large)
<input type="checkbox"/> Session 3: June 29-July 3, 2009 (Intermediate#2)	
<input type="checkbox"/> Session 4: July 13-17, 2009 (Beginner)	

Payment Method:

\$325 per child, per session (\$300 for sibling)

\$100 deposit to hold position, balance due on 1st day of camp

Check (Mud Creek Ranch) Cash Credit Card (Visa, MC, Discover, AMEX)

I acknowledge that I have read and signed the required **RELEASE FORM** and have returned the signed form with my registration form.

Signature of **Parent or Guardian**