

Spring Fling 2010 Registration Form

Name of Child(ren): _____

Age(s) & Grade(s): _____

Address: _____

City/Zip: _____ Phone: _____

Parent's Name: _____

Day Phone: _____ Cell Phone: _____

Emergency contact: _____

Emergency phone: _____

Please indicate which days your child(ren) plan to participate:

_____ All Week (\$40)

_____ Monday (\$5) _____ Tuesday _____ Wednesday (\$5) _____ Thursday (\$5)

_____ Friday (\$13 plus money for lunch)

***No Extended Care**

Volunteers are needed each day. We invite you to participate one day or all week. Please indicate which day(s) you are available to help.

_____ All Week

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Children will need to bring a sack lunch on Friday. Children with special dietary needs or food allergies should bring a lunch each day.

For Office Use Only

Total Due: Activities: _____ Extended Care: _____

_____ Cash _____ Check # _____ Date recorded _____