

CAMP MUDD 2008 REGISTRATION FORM

Child's Last Name	First Name	Age	Sex	Grade Fall '08	Birth Date
Mailing Address		City	Zip Code	Home Phone	
Mother's Name	Work Phone	Mother's email		Home Phone	
Father's Name	Work Phone	Father's email		Home Phone	


Indicate Session Dates

- Week 1 June 16 — 20
- Week 2 June 23 — 27
- Week 3 July 7 — 11
- Week 4 July 14 — 18
- Week 5 July 21 — 25
- Week 6 July 28 — Aug 1
- Week 7 Aug 4 — 8
- Week 8 Aug 11 — 15

Indicate Bus Stops

- Morning Drop-off**
- Black Culture Center.....7:45 am
 - Hickman High.....8:00 am
 - Unity Church.....8:15 am
- Evening Pick-up**
- Black Culture Center.....5:00 pm
 - Hickman High.....5:15 pm
 - Unity Church.....5:30 pm

Please note there is no camp the week of June 30th — July 4th

<p><u>PROGRAM FEES (per child)</u></p> <p><input type="checkbox"/> Attending 5 or less weeks \$130.00 per week <input type="checkbox"/> Attending 6 or more weeks \$125.00 per week</p> <p>_____ X _____ = _____ <small>Number of Weeks Program Fee Total Camp Fee</small></p> <p>To complete registration, please send in the deposit and fill out <u>both sides</u> of the registration form.</p>	<p style="text-align: center;"><u>T-SHIRTS</u></p> <p>We will offer a Camp Mudd T-shirt this year for \$12.00.</p> <p>Sizes:</p> <p>Child 6/8 <input type="checkbox"/> Child 10/12 <input type="checkbox"/> Child 14/16 <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/></p> <div style="text-align: center;">  </div>	<p style="text-align: center;"><u>DEPOSIT</u></p> <p style="text-align: center;">Due with Registration</p> <p>_____ x \$25.00 = _____ <small>Number of Weeks</small></p> <p>_____ x \$12.00 = _____ <small>Number of t-shirts</small></p> <p style="text-align: center;">Total Due with Registration _____</p>
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I understand all deposits are required to reserve space in each week of camp. They will be applied to the total camp fee, and are **NON-REFUNDABLE**. If for any reason my child does not participate the week that they register, I understand that I will lose that week's deposit. **The balance of the fee is due TWO WEEKS prior to the week my child will attend.**

Signed: _____ Date: _____

Return this registration form with your deposit or full payment to:
 The University YMCA - A022 Brady Commons – Columbia, MO – 65211 - (573) 882-1550

Office Use Only

Dep. Received	Dep. Receipt #	<input type="checkbox"/> EMAIL CON <input type="checkbox"/> INFO <input type="checkbox"/> COMP	Check #	1 2 3 4 5 6 7 8 Weeks Attending
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