



Camp Elings 2010 Registration Form

June 7 - August 6 from 9 am to 3 pm

Please circle as many camps as apply (\$200 per camp unless specified otherwise)

Basketball Softball MVP Baseball (\$329) BMX Soccer Mountain Bike
Nature & Games Sports Activities Theater Science Adventure (\$299 full day / \$199 half day)

Rob Crawford's Baseball Academy

1. Camp name: _____ Date _____
2. Camp name: _____ Date _____
3. Camp name: _____ Date _____
4. Camp name: _____ Date _____

Extended Care - \$10 per hour (optional)

	Monday	Tuesday	Wednesday	Thursday	Friday
3:00 to 4:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 to 5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Camper information:

Last name: _____ First name: _____
Gender: Male Female Date of birth: _____ month /day/ year Age: _____
Parent /Guardian Last name: _____ First name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home phone: (____) _____ Cell phone: (____) _____ Work phone: (____) _____
E-Mail address: _____
Emergency contact: _____ Phone: (____) _____
Allergies: _____
How did you hear about Camp Elings? _____

T-Shirt Size: (please choose one) Kids S M L XL Adults S M L XL

Important Registration Information

*All cancellations must be in writing by mail or fax at 805-569-3316.
Cancellations received 15 or more days before the reserved camp date will receive an 80% refund.
Cancellations received 7 -14 full days before the reserved camp date will receive a 50% refund.
Cancellations received less than 7 full days before the reserved camp date are not eligible for a refund.*

" I have read and understand all terms and policies listed above. I give Elings Park permission to treat my child in case of emergency and a parent or emergency contact cannot be reached. I also give Elings Park permission to use my child's photograph for any future educational and public relation purposes."

Signature: _____ Date: _____

Number of camps: _____ **Payment method:** (please circle one)
MVP baseball weeks: _____ Visa Master Card Card #: _____
Science camp weeks: _____ Cardholder's name: _____
TOTAL AMOUNT: _____ Exp. Date: _____ Zip code: _____
Signature _____

