

4-H Camp Leslie Registration Form 2012

Register before March 1, 2012
and receive \$30 off per week per child

Please print clearly & completely (1 application per child)

Name _____

Street _____

Town _____ State _____ Zip _____

Phone _____ Age at camp _____

E-mail address (parent) _____

Boy Girl 4H'r Non 4H'r

Cabinmate Request (list only one) _____

Please check week(s) you wish to attend:

	Overnight	Day
1) July 1-6	<input type="checkbox"/>	<input type="checkbox"/>
2) July 8-13	<input type="checkbox"/>	<input type="checkbox"/>
3) July 15-20	<input type="checkbox"/>	<input type="checkbox"/>
4) July 22-27	<input type="checkbox"/>	<input type="checkbox"/>
5) July 29-Aug 3	<input type="checkbox"/>	No Day Camp
6) August 5-10	<input type="checkbox"/>	No Day Camp
7) August 13-18		<input type="checkbox"/>

T-Shirt sizes: Youth S__M__L__ Adult S__ M__ L__

- A \$100.00 per week non-refundable deposit must accompany this registration.
- All registration fees must be paid in full by June 10, 2012 regardless of which week you are attending.
- A \$20.00 service charge will be added for returned checks.
- **Please mail registrations to: Camp Registrar, P.O. Box 1858, Wakefield, MA 01880**
- Make bank check or money order payable to **Camp Leslie**.
- Include child's name on all checks.

MC/Visa Card # _____

Exp. Date _____

Card Member Name _____

Card Member Signature _____

Parent's Signature: _____