

4-H Camp Leslie Registration Form 2010

Register before March 1, 2010
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 (child) _____

E-mail address (parent) _____

Boy Girl 4H'r Non 4H'r

Cabinmate Request (list only one) _____

Please check week(s) you wish to attend:

- 1) July 4-9 3) July 18-23 5) August 1-6
2) July 11-16 4) July 25-30 6) August 8-13
Overnight Day Camp Extended Day Camp
CIT

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 15, 2010 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: _____

For office use only

Total Due: _____

Deposit: _____

Bal Due: _____

Bal. Paid: _____

Check #: _____

Balance: _____

Balance: _____

Photo: _____

T-Shirt: _____

Total: _____

Check #: _____

Cash: _____