

# 4-H Camp Leslie Registration Form 2009

Register before March 1, 2009  
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 5-10     3) July 19-24     5) August 2-7   
2) July 12-17     4) July 26-31     6) August 9-14   
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, 2009 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: \_\_\_\_\_

Balance: \_\_\_\_\_

Deposit: \_\_\_\_\_

Photo: \_\_\_\_\_

Bal Due: \_\_\_\_\_

T-Shirt: \_\_\_\_\_

Bal. Paid: \_\_\_\_\_

Total: \_\_\_\_\_

Check #: \_\_\_\_\_

Check #: \_\_\_\_\_

Balance: \_\_\_\_\_

Cash: \_\_\_\_\_