

# CAMP SPROUTS REGISTRATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Phone # Day: \_\_\_\_\_ Phone # Day: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

Child Name	Dates	Course #	Camp Fee	Total
	6/20 - 6/24	31-231	\$195	
	6/27 - 7/1	31-232	\$195	
	7/5 - 7/8	31-233	\$160	
	7/11 - 7/15	31-234	\$195	
	7/18 - 7/22	31-235	\$195	
	7/25 - 7/29	31-236	\$195	
	8/1 - 8/5	31-237	\$195	
	8/8 - 8/12	31-238	\$195	
	8/15 - 8/19	31-239	\$195	
<b>Credit Card Processing Fee (\$2.50)</b>				
Camp Scholarship Fund donation (tax deductible)				
<b>Grand Total</b>				

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Information:** In the space below, please provide us with any conditions or limitations that we should be aware of in order to accommodate your child's needs and ensure his/her safety. If there aren't any, please write **none**. If more space is needed, attach additional pages.

Child's Name: \_\_\_\_\_ Allergies/limitations: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please mail or drop off form to:**  
**RSU #5 Recreation and Community Education**  
**17 West Street, Freeport , ME 04032**  
**Phone 865-6171 or FAX 865-2855**  
***www.rsu5-rce.org***