

City of Crowley Summer Camp 2009



Camp Registration Form

June 8, 2009 to July 9, 2009

<i>Campsites</i>	Martin Luther King Center	Rice Festival Building
<i>Ages</i>	<p>Ages 7 (before 2002 to Age 14 after 1995) Must be 7 years of age on or before June 8, 2009 MUST PRESENT COPY OF BIRTH CERTIFICATE NO EXCEPTIONS</p>	
<i>Attendees</i>	<p>Children must be residents of Crowley (live within the city limits & attend Crowley schools)</p>	
<i>Fees</i>	\$10	
<i>Hours</i>	<p>8:00 a.m. to 12:45 p.m. Monday, June 8, 2009 through Thursday, July 9, 2009 CAMPERS: Drop off time NO EARLIER than 7:45 a.m. Pick up time NO LATER than 12:45 p.m. Return Independent Arrival/Departure Form (Walking or Biking) to Camp Site Supervisor ~ FIRST DAY OF CAMP Supervised indoor & outdoor activities Enrollment limited to first 500 applicants due to staff limitations - Apply Early!</p>	

REGISTRATION FORMS must be completed and returned with \$10 payment by June 1, 2009

Please return:	<p>Summer Camp Registration Crowley City Hall ~ Mayor's office Attention - Tiffany Handy</p>
<p>Mail to: City of Crowley P O. Box 1463 Crowley, LA 70527-1463 Or drop off to City Hall 425 North Parkerson Avenue Crowley, LA 70526</p>	<p>Behavior standards required by Acadia Parish School Board will be the same behavior standards enforced for the Crowley Summer Day Camp. NO Refund if student is dismissed for behavior problems.</p>

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Registration Form

INCOMPLETE FORMS WILL NOT BE ACCEPTED. THANK YOU.

T-SHIRT SIZE T-Shirt Size (circle one) Youth S M L XL
Adult S M L XL

Last Name: First Name: Middle Initial:

Street Address:

City: State: Zip:

Parish: Race: This is my year at this camp.

Birth date: Age: Gender: M F

Last School attended: Grade
Lunch Status: Full Reduced Free

Parent's Name		Home #	337-
	Last Name First Name	Work #	337-
Address		Cell #	337-
Parent/Guardian Signature		Date	

SECOND Contact (if parent (s) cannot be reached)

Name		Home #	337-
	Last Name First Name	Work #	337-
Address		Cell #	337-
Signature		Date	

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name		Phone	
Parent/Guardian Signature		Date	

Registration fee	Cash <input type="checkbox"/>	Check # <input type="checkbox"/>	Date: <input type="text"/>	Receipt # <input type="text"/>
Campsite Preference (not guaranteed)	Please check one	Martin Luther King Center <input type="checkbox"/>	Rice Festival Building <input type="checkbox"/>	