

Parent's Name: _____ Camper's Name: _____ Age: _____
Address, City & Zip: _____
Phone: _____ Cell: _____ Email: _____
Emergency Contact: _____ Phone: _____
Medical Conditions/Allergies: _____

Tuesday – Friday 1:00pm-3:30pm

Please circle the week that the camper will attend:

Week 1: July 5– July 8

Week 2: July 12 – July 15

Week 3: July 19 – July 22

Week 4: July 26 – July 29

Week 5: August 2 – August 5

Week 6: August 9 – August 12

Week 7: August 16 – August 19

Week 8: August 23 – August 26

Week 9: August 30 – September 2

Cost: \$225/week or \$60/day

Payment: Cash, Visa, Master Card, Discover and Checks are accepted.

Receipt #: _____ Associate Signature: _____ Amount Paid: _____

Payment in full is required for registration. Cancellation will result in a \$50 fee, change of date will result in a \$25 fee. Change of date is subject to availability. Doin' Dishes reserves the right to cancel a camp session if the minimum number of registrants are not met.

I agree:

Doin' Dishes is released from liability in connection with any medical emergencies

Doin' Dishes has my permission to use all necessary medical measures in the event of an emergency if the parent or emergency contact cannot be reached.

Doin' Dishes has my permission to use my child's photograph in promotional materials.

Parent/Guardian Signature: _____ Date: _____