

Rec'd

Week

Confirm: mail

fax

email

SPRING FLING ANIMAL CAMP 2010 REGISTRATION

Child's Name _____ Grade: _____ DOB: _____ M / F

Dates: April 5-9 2010, 9 a.m.—4 p.m.

Medical Concerns (allergies, physical limitations) _____

Behavioral/special supervision needs: _____

How did you hear about camp (circle one) Website-rchs Website-other at **RCHS** School
From a Friend Other: _____

Contact Information

Parent/Guardian Name _____

Mailing Address: _____ City/State _____ Zip _____

Home Phone: _____ Work Phone _____

Email: _____ Cell Phone _____

Emergency Contact (aside from parent) _____

Relationship _____ Phone _____

In case of accident or serious illness, I request that RCHS contact me. If RCHS is unable to reach me or my emergency contact, I authorize RCHS to make whatever arrangement deemed necessary. I agree to allow RCHS to use any photos or videos of my child for use in PR efforts without compensation or notification.

Parent/Guardian Signature: _____ Date _____

Payment Method:

Check Payable to **RCHS**
Or
(circle one) Visa Master Card
Credit Card # _____
Exp Date _____
Authorized Signature _____

Camp Fees:	\$200	= \$ _____
Scholarship Donation: (optional)		= \$ _____
TOTAL		= \$ _____

Return to:
Rancho Coastal Humane Society
Attn: Erin Gorence,
389 Requeza St., Encinitas, CA 92024
OR Fax to 760-753-6664
OR email to
education@rchumanesociety.org

★ Register for both Spring and Summer camps NOW and receive \$50 discount on camp fees! ★

All fees must be paid at time of registration. Due to space limitations all camp fees are non-refundable.

