

2011 CAMP HORIZON REGISTRATION

CAMPERS NAME _____ DATE _____

PARENTS NAMES _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ MOM WORK _____ MOM CELL _____

DAD WORK _____ DAD CELL _____

ALTERNATE EMERGENCY CONTACT _____

E-MAIL _____

Does camper take medication? Yes ___ No ___ Require assistance with ADLs? Yes ___ No ___

Does camper require wheelchair accessibility? yes _____ No _____

PLEASE CHECK 2011 DATES / SESSION(S) CAMPER WILL ATTEND:

SESSION 1 **JUNE 6-10** _____ (\$110) SESSION 4 **JUNE 27-JULY 1** _____ (\$110)

SESSION 2 **JUNE 13-17** _____ (\$110) SESSION 5 **JULY 11-15** _____ (\$110)

SESSION 3 **JUNE 20-24** _____ (\$110) SESSION 6 **JULY 18-22** _____ (\$110)

Before care needed? Yes _____ NO _____ After care needed? Yes _____ No _____

Payment for all sessions is due upon registration. Make checks payable to: CCPRCAD.

PLEASE CHECK PREFERRED SHIRT SIZE

Child S _____ Child L _____ Adult M _____ Adult XL _____

Child M _____ Adult S _____ Adult L _____ Adult XXL _____

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Please check the camp location your camper will attend

_____ **Fair Oaks Recreation Center**

1465 West Booth Extension, Marietta, GA30008

_____ **Fullers Recreation Center**

3499 Robinson Road, Marietta, GA 30067

_____ **Ward Recreation Center**

4845 Dallas Highway, Powder Springs, GA 30127

_____ **Shaw Park/NE Cobb Community Center**

900 Shaw Park Rd, Marietta, GA 30066

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For Staff Only:

Camp 1 (Ratio 1:7) _____ Camp 2 (Ratio 1:5) _____ Camp 3 (Ratio 1:3) _____

Date Received _____ Receipt # _____ Amount Paid _____ Staff Initials _____