DECATUR PARKS & RECREATION

FORT DECATUR KIDS CAMP REGISTRATION
(PLEASE PRINT ALL INFORMATION CLEARLY)

NAME:_____ AGE:_____ M or F

PARENT/GUARDIAN NAME:_____

MAILING ADDRESS:_____ ZIP_____

BIRTH DATE:_____ T-Shirt Size: Youth) S M L XL Adult) S M L XL **(max 1 per camper)**

CELL PHONE:_____ ALT PHONE:_____

EMAIL ADDRESS:_____

IS YOUR CHILD'S PHOTO ALLOWED TO BE ON SOCIAL MEDIA? _____

Please add any other information you would like for us to know (allergies, medicines, etc.)

_____

_____

_____

How did you first learn of Fort Decatur Kids Camp? **Please Circle One.**

Direct Mail, DPR Website, Electronic Marquee, Facebook, Flyer, Newspaper, Rec. Center Staff, Word Of Mouth, Community Calendar, Outside Banner, Other _____

Payment Record

Session 1 (4weeks)

FEE $85 RECEIPT # _____

Session 2 (4weeks)

FEE $85 DATE RECEIPT # _____

Weekly (session 1)

FEE $25 Wk *ONE* RECEIPT # _____
FEE $25 Wk *TWO* RECEIPT # _____
FEE $25 Wk *THREE* RECEIPT # _____
FEE $25 Wk *FOUR* RECEIPT # _____

Weekly (session 1)

FEE $25 Wk *ONE* RECEIPT # _____
FEE $25 Wk *TWO* RECEIPT # _____
FEE $25 Wk *THREE* RECEIPT # _____
FEE $25 Wk *FOUR* RECEIPT # _____

Daily ($8)

DATE ____ RECEIPT # _____
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