



# Day Camps for Girls and Teens

## REGISTRATION

Send ONE registration Form for each participant...CAMP/WEEK \_\_\_\_\_  
You will receive confirmation upon receipt of registration and payment.

Parent's Name		Last	First		
Address		Street		Apt.	
City		State		Zip	
( )		( )			
Phone	Day	Home		E-mail Address	
Child's Name		Last	First		Gender: M/F
Child's Date of Birth		MM/DD/YYYY			( )
Emergency Contact	Name		Relation	Phone #	

## PAYMENT

Only complete one payment section for All of your children attending camp..

	X	\$160.00	"	° 7	=
Total Number of Campers		Cost per Camper			Total Cost

Make Checks Out To: Christine Castigliano

TOTAL COST →

Send Checks and Registration to: Christine Castigliano  
3151 NE Nine Boulder Dr.  
Poulsbo, Wa. 98370