

Mount Ararat Community Activity Center Camp Harambee 2020 Registration Form

Last Name:		First name:		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Street Address:			City, State Zip:	
Date of Birth:			Age:	
School:				
Siblings Attending Camp	Name			Age
Parent/ guardian Name:			D.O.B	Phone mobile
Email Address:				home
Parent/ guardian Name:			D.O.B	Phone mobile
Email Address:				home

<p style="text-align: center;">Photo Release and Consent</p> <p>I give my permission for my son/daughter to be photographed and/or videotaped by Mount Ararat's Summer Camp Program to be used on promotional materials.</p> <p style="text-align: center;">___ Yes ___ No</p>	<p style="text-align: center;">Payment Method</p> <p>___ ELRC \$ _____ Weekly Co-pay amount</p> <p>___ Private Pay</p> <p>___ Other _____ (Indicate type)</p>
<p style="text-align: center;">T-Shirt Size (Youth)</p> <p><input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large</p> <p><input type="checkbox"/> X-Large <input type="checkbox"/> Other (Adult size) _____</p>	<p style="text-align: center;">Weeks your child will be attending camp?</p> <p>___ June 22- August 14th</p> <p>_____ Specific Weeks</p>

My Child has permission to walk home: Yes <input type="checkbox"/> No <input type="checkbox"/>
