



CAMP CHAMPOEG

Registration Form for 3/22-26, 2010

We will email you a confirmation & medical release form after receiving this form.

Name of Child: _____ Age: _____ Grade: _____

Parent Name (s): _____

Parent Address: _____

Phone #: _____ Cell #: _____ Other #: _____

Email: _____ 2nd Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone #: _____ Cell#: _____

Fees:

\$_____ Attending Monday 3/22 - Friday, 3/26, 8:30 - 3:30 (\$225.00 per week)

\$_____ Monday Tuesday Wednesday Thursday Friday (\$50 per day)

\$_____ Extended Care from 3:30 to _____ daily, or _____ (\$5 per hour)

\$-_____ 10% FHC Family Membership Discount (does not apply to extended care)

\$_____ **Total** (50% deposit required to reserve a spot) Circle T-shirt size: S M L XL

I am enclosing a 50% deposit check # _____, or _____ call me for my credit card information

Full payment due by 3/22/2010, full refunds until 3/1/2010, no refunds after 3/1/2010

Your child will not be released to anyone other than the parents and emergency contact listed. Please allow the following to pick-up my child:



FRIENDS OF HISTORIC
Champeog

8239 Champeog Road NE
St. Paul, Oregon 97137
(503) 678-1649

Questions? Contact the Education Coordinator, Janie Malloy at (503)678-1649 or janie@champeog.org