FLOURTOWN SUMMER DAY CAMP

APPLICATION FORM

Please return this application and make checks payable to Flourtown Swim Club, Inc. P.O. Box 155 Flourtown, PA 19031

How did you hear at Friend/Family		mmer Day Camp? Direct Mail	Camp	Fair				
Please enroll the fol	lowing campers:							
Camper's Last Name		First Name	Age	DOB		grade completed	school attended	
Camper's Last Name		First Name		DOB		grade completed	school attended	
Camper's Last Name		First Name	Age	DOB	— <u>M/F</u>	grade completed	school attended	
Camper's Last Name		First Name	Age	DOB	— <u>M/F</u>	grade completed	school attended	
Complete Street Address City/			v/Town/St	Town/State Zip Code				
Home Phone # Mom's work # Dad's Wor			ork#	k # Cell Phone Parent email address				
Please check weeks a	attending:							
Season (all 8 w	veeks - 6/23-8/15)							
7 Weeks	6 Weeks	eks 5 Weeks		4 Weeks		3 Weeks Note: 2 of the 4 weeks need to be consecutive		
Please check off the	appropriate weeks	5:			1,000	z aj ilie , meelis lie	cu to co consceutive	
6/23-6/27 6/30-	7/4 7/7-7/1 Reminder: no co		7/21-	7/25	7/28-8	8/1 8/4	8/11-8/15	
I fully understand 2008. I also under by the Flourtown S	stand if that ther	e may be addition	-			-	n full by June 20, ial activities sponsore	
Parent's Name	 Mother	Mother (please print)			Father (please print)			
Parent's Signature		(Preuse Print)				T willer (prod		