CHEHAW
Nature's playground.

Camp Registration

Registrant Information

Name: _____

Age: _____ Birth date: _____ T-shirt Size

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Parent Information

Name: _____ Are you a Member?: (Yes/No)

Email Address (required): _____

Daytime Phone: ( ) ~ _____ Cell Phone: ( ) ~ _____

Session Information

Session Name: _____

Session Date: _____ Session Time: _____ Session Price: _____

After Camp Care: (Pick up by 5:30)

All week (Mon- Fri) = $40

or

Single Day Care ____ x $10 per day = _____

Total Amount Due = $ _____

Staff Use Only

Payment Method: Check Credit Card Cash

Date Pd. ____ Initials: ____