

SANFORD DANCE CAMP 2008 CAMP APPLICATION

PLEASE ENROLL MY SON / DAUGHTER IN THE FOLLOWING CAMP: **\$250 PER SESSION**

Dance Camp
8 - 14 year olds
June 16th

Camper's Name: _____

Parent's Name: _____

Age: _____ Shirt Size (Indicate child or adult size): _____

FREE SHIRT (ONLY if enrolled by June 1)

Address: _____

City: _____ State _____ Zip _____

Phone Number: Home _____ Work _____

Signature of Parent or Guardian _____

Will your child need transportation _____ Yes _____ No (\$60 per week) EXTENDED DAY: Yes _____ No _____

Will your child be attending the day camp? _____ Yes _____ No LUNCH YES _____ NO _____
(\$30 PER WEEK)

How did you hear about this camp? _____

Indicate permission to swim: _____ Yes _____ No

Applications must be accompanied by a statement from your physician affirming the good health of your child. Each application must be accompanied by a non-refundable \$100.00 deposit with the balance due on or before June 1. Enrollments are limited and will be handled on a first-come basis.

Make checks payable to: Sanford Day Camp
601 N. Olive Street
Media, PA 19063

Winter Phone 610-565-4850

WORD/SDC-Musical Theatre Camp.DOC

Medical Release: I have read the medical release on the reverse side and by my signature agree.

Signature _____ Date _____

Parent/Guardian