



Camp Eagle

Coming Soon!

June 1st - August 6th
7:45 am to 5:15 pm

Ages 3 to 12 years old

Summer is drawing near! Join Camp Eagle for a summer full of fun, friends and new adventures! There will be pool trips twice a week and field trips to places like Build-a-Bear Workshop, Chuck E. Cheese, and Fish Bowl. Mark your calendars and register to hold your space!

FEES

No Contracts! Just choose your week(s).

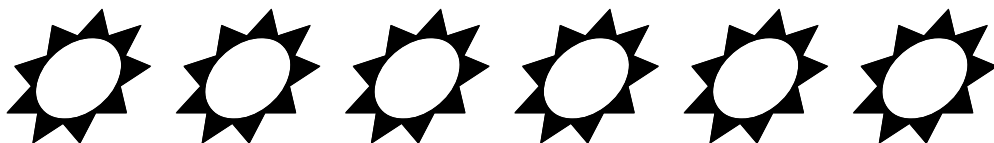
We are competitively priced at:

\$95.00 per camper/per week, each additional sibling 10% off

- OR -

\$40.00 per camper/per day, each additional sibling \$30.00

***\$50.00 non-refundable registration fee needs to accompany the pre-registration form to secure a spot in our program. Above fee includes crafts, field trip t-shirt, and summer academic workbook. (Weekly Field trip entrance fees are extra).**



CAMP EAGLE PRE-REGISTRATION FORM

June 1st – August 6th, 2010

Ages 3 – 12

Directions: Please select week(s) you plan for your child to attend Camp Eagle. Return this form, along with a \$50.00 non-refundable deposit to your child's teacher or either school office in order to secure a space at camp.

WEEK OF:

- June 1-4 (Closed May 31 for Memorial Day)
- June 7-11
- June 14-18
- June 21-25
- June 28-July 2
- July 5-9 (Closed July 5 for Independence Day)
- July 12-16
- July 19-23
- July 26-30
- August 2-6

Tuition rates: \$95.00 per camper/per week, each add'l sibling, 10% off – or - \$40.00 per camper/per day, each add'l sibling \$30.00

**Tuition does not include field trip admission/cost.

CAMPER NAME: _____

AGE: _____ BIRTHDATE: _____

SCHOOL NAME: _____ CURRENT GRADE: _____

T-SHIRT SIZE: YXS(2-4) YS(6-8) YM(10-12) YL(14-16) YXL(18-20)

(circle one) Adult Small Adult Med Adult Large Adult XLarge

HOME ADDRESS: _____

MAILING ADDRESS: _____

(if different)

HOME PHONE: _____ EMAIL: _____

MOTHER'S NAME: _____ CELL PHONE: _____

WORK PHONE # _____

FATHER'S NAME: _____ CELL PHONE: _____

WORK PHONE # _____

EMERGENCY CONTACT NAME AND PHONE

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ICS STAFF (return to Mrs. Calderwood/3K): REG. PAID ___ YES ___ NO ___ DATE PAID ___ CK# ___ OTHER ___