



## 2011 SUMMER CAMP REGISTRATION FORM

NAME OF CAMP: \_\_\_\_\_ DATES OF CAMP: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate Emergency Contact Info:

\_\_\_\_\_

Additional Information (allergies, pick up instructions, etc):

\_\_\_\_\_

\_\_\_\_\_

Payment method:

Check – Amount \_\_\_\_\_ (payable to Ceramica)

Credit Card

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip: \_\_\_\_\_

I authorize my card to be charged in the amount of \$ \_\_\_\_\_

Signature: \_\_\_\_\_

You will be notified immediately if the session you requested is full. Please complete form and mail or drop it off to the address shown below or email it to [ceramicaboise@gmail.com](mailto:ceramicaboise@gmail.com).