

CAMP HERITAGE



2009 REGISTRATION

Camper's Name(s): 1. _____ Sex: _____ Grade:* _____
 2. _____ Sex: _____ Grade:* _____
 3. _____ Sex: _____ Grade:* _____

Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Parent's Name(s): _____ (Work Phone): _____
 _____ (Cell Phone): _____
 _____ (Work Phone): _____
 _____ (Cell Phone): _____

Session Attending: June 22 – July 17, 2009 - \$675.00 _____
(Camp closed July 3, 2009)
 July 20 – August 14, 2009 - \$675.00 _____
 Both Sessions - \$1,250.00 (includes discount) _____
 Any 6 (six) weeks: - \$1,060.00 _____
 Any 7 (seven) weeks: - \$1,160.00 _____

CIT Request: _____
 Eighth Grade Volunteer Program Request: _____
 Ninth Grade Volunteer Aid Program: _____
 Extended Care (additional non-tuition fee): Morning: ___ Afternoon: ___ Both: ___

T-Shirt Size (sized small). Please check one:
 Child: S (6-8) _____ M (10-12) _____ L (14-16) _____
 Adult: S (34-36) _____ M (38-40) _____ L (40-42) _____

Parent/Guardian Signature: _____
 * **Grade Completed by June, 2009**

A \$150.00 deposit per child is enclosed and the balance will be payable by the terms of the "Registration and Payments" paragraph. I have read and understand the brochure registration, payment, and refund policies. I agree to abide by all the rules and regulations of CCBC Catonsville. I, on behalf of my child and myself, agree to hold CCBC Catonsville, its employees and agents harmless from any and all claims for damages unless due to sole negligence by CCBC Catonsville, its employees or agents. Additionally, CCBC Catonsville will not be financially responsible for any camper possessions lost during camp. My signature certifies understanding of this paragraph. **Please make all checks payable to CCBC Catonsville.**

Mail registration and deposit to:
Camp Heritage, CCBC Catonsville, 800 South Rolling Road, Baltimore, Maryland 21228-5317