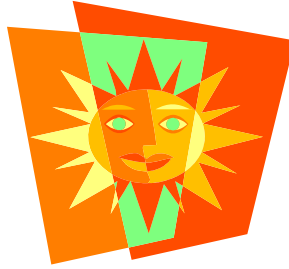


# 2008 CCBC CATONSVILLE SUMMER CAMP APPLICATION



**Make checks payable to CCBC Catonsville.** You may use this application for multiple camp(s) or child enrollment from the same family.

Camper(s) Name (1) \_\_\_\_\_ Sex \_\_\_ Grade\* \_\_\_\_  
 (2) \_\_\_\_\_ Sex \_\_\_ Grade\* \_\_\_\_  
 (3) \_\_\_\_\_ Sex \_\_\_ Grade\* \_\_\_\_

*\*Grade completed by June, 2008*

Age: (1) \_\_\_\_\_  
 Age: (2) \_\_\_\_\_  
 Age: (3) \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_

T-Shirt size: (circle one):                      Adult: S M L XL                      Child: S M L

My payment is enclosed, and the balance, if applicable, will be payable by the terms of the "Registration, Refunds and Payments" section. I agree not to hold CCBC Catonsville liable for any injuries resulting from participation in the Summer Camp Programs. I have read and understand the brochure, registration, refund and payment policies.

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate program choice:

<b>Soccer Camp</b>	<b>Session I</b> _____	<b>Session II</b> _____
<b>Boy's Basketball Camp</b>	_____	
<b>"Straight to Goal Soccer" Camp</b>	_____	
<b>Girls Volleyball Camp</b>	_____	
<b>Girl's "Learn To Win" Lacrosse Camp</b>	_____	
<b>Camp Heritage</b>	_____	Please Indicate Session
Extended Care AM _____ PM _____		

**Return application and payment to: Summer Camp Programs, CCBC Catonsville, 800 South Rolling Road, Catonsville, Md. 21228**

