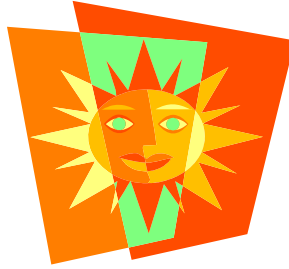


2009 CCBC CATONSVILLE SUMMER CAMP APPLICATION



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, 2009*

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:

Soccer Camp	Session I _____	Session II _____
Boys Basketball Camp	_____	
“Straight to Goal Soccer” Camp	_____	
Girl’s “Learn To Win” Lacrosse Camp	_____	
Camp Heritage	_____	Please Indicate Session
Extended Care AM _____ PM _____		

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