



2010
CAMP REGISTRATION CARD

Child's Name _____ Gender _____ Birthdate _____

Address _____ City _____ Zip _____

Phone # _____ Cell # _____

Father's Name/Prefix _____ Mother's Name/Prefix _____

TBH-BE Member/Non-Member _____ Email _____

6 week session _____ 7 week session _____

Please check days your child will be attending camp: ___(M)___(T)___(W)___(TH)___(F)
(\$200 NON-REFUNDABLE DEPOSIT REQUIRED)

Sign up for Adventure Club is daily or weekly at a cost of \$22.00 for a 2-hour session.
_____Monday _____Wednesday