

CAMP SPLASH

2020 REGISTRATION FORM

Childs Name: _____ T-shirt sz: _____ M or F _____

Age(as of June 1, 2019): _____ Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name(s): _____

Address: _____

I would like to register my child or children for the following weeks at \$155 per week per child. A down payment of \$30 per week per child is required by May 1, 2020, with full payment required a minimum of 10 days before the child's first week of camp. **All payments must be in the form of a check or money order to Canonsburg Borough. No cash will be accepted.**

Early Registration Bonus: Any child registering for a minimum of five weeks of camp will receive an additional week of camp free of charge if full payment is received by May 30. Please check off the weeks needed.

___ June 22-June 26 ___ July 6-July 10 ___ July 20--July 24

___ June 29-July 3 ___ July 13-July 17 ___ July 27-July 31

___ August 3- August 7

Please mail this form and payment to:

Camp Splash Director:

Leah Drain

331 Hawthorne Street, Canonsburg, PA 15317 cell number: 412-327-3993