

Rec'd

Week

Confirm: mail

fax

email

# FALL BREAK ANIMAL CAMPS 2010 REGISTRATION

Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

Circle Preferred Week:

Week 1: **October 18-22**      Week 2: **October 25-29** (both run 9a.m.-4p.m.)

Medical Concerns (allergies, physical limitations) \_\_\_\_\_

Behavioral/special supervision needs: \_\_\_\_\_

How did you hear about camp (circle one) Website- rchs   Website-other   at RCHS   School  
From a Friend   Other: \_\_\_\_\_

## Contact Information

Parent/Guardian Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact (aside from parent) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of accident or serious illness, I request that RCHS contact me. If RCHS is unable to reach me or my emergency contact, I authorize RCHS to make whatever arrangement deemed necessary. I agree to allow RCHS to use any photos or videos of my child for use in PR efforts without compensation or notification.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Payment Method:

Check Payable to **RCHS**

Or

(circle one)    Visa    Master Card

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

No of weeks    ___ X \$200	= \$ _____
Scholarship Donation (optional)	= \$ _____
<b>TOTAL</b>	= \$ _____

Return to:

Rancho Coastal Humane Society  
Attn: Education Department  
389 Requeza, Encinitas CA 92024  
OR Fax to 760-753-6664

★ Register during your child's summer camp week and receive a \$50 discount on Fall Break fees! (child must be enrolled in 2010 RCHS summer camp)



All fees must be paid at time of registration. Due to space limitations all camp fees are non-refundable.