



SUMMER CAMP 2022 SCHEDULE
JUNE 6 - JULY 29 • 8:30 AM - 4 PM

JUNE 6-10	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>
JUNE 13-17	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>
JUNE 20-24	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>
JULY 27-JULY 1	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>
JULY 4-8	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>
JULY 11-15	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>
JULY 18-22	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>
JULY 25-29	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>

WEEKLY RATE \$300 • DAILY RATE \$65

Participant Name _____

Parent/Guardian Name _____

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____ Alternate Number _____

E-mail Address _____

Date of Birth _____ Age _____

 Adult Applicant or Parent/Guardian Signature

 Date