SUMMER 2011 WORKSHOP REGISTRATION FORM

Child's Name: _____ **Date of Birth:** _____

Parents Name: **ALLERGY** **Phone:** _____

The Registration Form, Signed Medical Waiver & Payment are due at the initial Registration.

	Monday	Lnch Y/N	Tuesday	Lnch Y/N	Wednesday	Lnch Y/N	Thursday	Lnch Y/N	Friday	Lnch Y/N
							June 23rd		June 24th	
Drop off & Pick up Time										
Amount Paid										

	June 27th	Lnch Y/N	June 28th	Lnch Y/N	June 29th	Lnch Y/N	June 30th	Lnch Y/N	July 1st	Lnch Y/N
Drop off & Pick up Time										
Amount Paid										

	July 4th	Lnch Y/N	July 5th	Lnch Y/N	July 6th	Lnch Y/N	Pony Ride $10 @ 10:00 July 7th	Lnch Y/N	July 8th	Lnch Y/N
Drop off & Pick up Time										
Amount Paid										

	July 11th	Lnch Y/N	July 12th	Lnch Y/N	July 13th	Lnch Y/N	July 14th	Lnch Y/N	July 15th	Lnch Y/N
Drop off & Pick up Time										
Amount Paid										

	July 18th	Lnch Y/N	July 19th	Lnch Y/N	July 20th	Lnch Y/N	July 21st	Lnch Y/N	July 22nd	Lnch Y/N
Drop off & Pick up Time										
Amount Paid										

	July 25th	Lnch Y/N	July 26th	Lnch Y/N	July 27th	Lnch Y/N	July 28th	Lnch Y/N	Ice Cream Social $3.00 July 29th	Lnch Y/N
Drop off & Pick up Time										
Amount Paid										