

BOYS' AND GIRLS' CLUB OF PITTSFIELD, INC.

2011 CAMP RUSSELL CO-ED **ADVENTURE CAMP** REGISTRATION FORM

**AGES 4 & 5**

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
TELEPHONE# \_\_\_\_\_ EMERGENCY# \_\_\_\_\_  
MOTHERS WORK# \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_  
FATHERS WORK# \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
PRINT PARENT/GUARDIAN NAME \_\_\_\_\_

ADVENTURE CAMP WILL RUN IN 1 WEEK SESSIONS AT \$90.00 A WEEK  
CAMP WILL RUN FROM 9:00am to 1:00pm\***PAYMENT IS DUE AT THE TIME OF REGISTRATION\***

**TRANSPORTATION WILL BE BY BUS FROM THE CLUB. LIMITED SPACES AVAILABLE**

**SESSIONS AVAILABLE:**

**JULY 11 - JULY 15 ( )**  
**JULY 18- JULY 22 ( )**  
**JULY 25- JULY 29 ( )**  
**AUGUST 1- AUGUST 5 ( )**  
**AUGUST 8- AUGUST 12 ( )**  
**AUGUST 15 - AUGUST 19 ( )**

\*PERMISSION TO USE PICTURE OF MY CHILD BY THE BOYS' & GIRLS' CLUB

Parent/Guardian Signature \_\_\_\_\_

**OFFICE USE:**

PAYMENT RECEIVED BY \_\_\_\_\_ AMOUNT PD \_\_\_\_\_ DATE \_\_\_\_\_

Physician's health form rec'd \_\_\_\_\_ Parent's health form rec'd \_\_\_\_\_