

Comm Tots Camp 2008

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Emergency Phone #: _____

Pediatrician: _____

Hospital: _____

Release

I/we do not, will not hold any individual associated with The Comm Tots Camp, the Waverly Community House or employees, Board of Trustees, volunteers or Abington Township responsible for any accident or injury incurred by my child while participating in this Tots Camp.

Signature

Time: 9 to 11 am @ \$15 per day: _____ DAYS x \$15 = \$ _____

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> June 30 | <input type="checkbox"/> July 14 | <input type="checkbox"/> July 28 |
| <input type="checkbox"/> July 1 | <input type="checkbox"/> July 15 | <input type="checkbox"/> July 29 |
| <input type="checkbox"/> July 2 | <input type="checkbox"/> July 16 | <input type="checkbox"/> July 30 |
| <input type="checkbox"/> July 3 | <input type="checkbox"/> July 17 | <input type="checkbox"/> July 31 |
| | <input type="checkbox"/> July 18 | <input type="checkbox"/> August 1 |
| <input type="checkbox"/> July 7 | <input type="checkbox"/> July 21 | <input type="checkbox"/> August 4 |
| <input type="checkbox"/> July 8 | <input type="checkbox"/> July 22 | <input type="checkbox"/> August 5 |
| <input type="checkbox"/> July 9 | <input type="checkbox"/> July 23 | <input type="checkbox"/> August 6 |
| <input type="checkbox"/> July 10 | <input type="checkbox"/> July 24 | <input type="checkbox"/> August 7 |
| <input type="checkbox"/> July 11 | <input type="checkbox"/> July 25 | <input type="checkbox"/> August 8 |