

Please complete this receipt and attach to all payments. Check if you want a receipt and provide email address below:

Parent Name: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 E-Mail: _____

Credit Card Payment: Visa Mastercard
 Name as it appears on card: _____
 Card Account # _____
 Expiration Date: _____ CVV # _____
 Cardholder Address/Phone (if different from above): _____

Day Camp Sessions		
Session I: June 14-18	June 21-25	
Session II: June 28-July 2	July 6-9	
Closed July 5th		
Session III: July 12-16	July 19-23	
Session IV: July 26-30	Aug 2-6	
Session V: Aug 9-13	Aug 16- 20	

CHILD 1 Name: _____
 Grade: K 1 2 3 4 5 6 7 8

DAY CAMP PROGRAM	SESSION #	\$ CHILD 1
FULL SESSION (2 Weeks)		ES/MS
Day Camp	1 3 4 5	\$210/\$240
Day Camp	2	\$190/\$220
Extended Care AM	1 2 3 4 5	40.00/Ses.
Extended Care PM	1 2 3 4 5	60.00/Ses.
Extended Care AM/PM	1 2 3 4 5	\$80/Session or \$10/day

WEEK 1 of the Session		
DayCamp 1/2 Session	1 2 3 4 5	\$110/\$140
Ext.Care 1/2 Session AM	1 2 3 4 5	\$20/Week
Ext.Care 1/2 Session PM	1 2 3 4 5	\$30/Week
Ext.Care 1/2Session AM/PM	1 2 3 4 5	\$40/Week or \$10/day

WEEK 2 of the Session		
DayCamp 1/2 Session	1 2 3 4 5	\$110/\$140
Ext.Care 1/2 Session AM	1 2 3 4 5	\$20/Week
Ext.Care 1/2 Session PM	1 2 3 4 5	\$30/Week
Ext.Care 1/2Session AM/PM	1 2 3 4 5	\$40/Week or \$10/day

T-Shirt	Quantity:	\$5.00/each
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CHILD 2 Name: _____
 Grade: K 1 2 3 4 5 6 7 8

DAY CAMP	SESSION #	\$ CHILD 2
FULL SESSION		ES/MS
Day Camp	1 3 4 5	\$190/\$220
Day Camp	2	\$170/\$200
Ext. Care AM	1 2 3 4 5	40.00/Ses.
Ext. Care PM	1 2 3 4 5	60.00/Ses.
Ext. Care AM/PM	1 2 3 4 5	\$80/Session or \$10/day

WEEK 1		
DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

WEEK 2		
DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

T-Shirt	Quantity:	\$5.00/each
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CHILD 3 Name: _____
 Grade: K 1 2 3 4 5 6 7 8

DAY CAMP	SESSION #	\$ CHILD 3
FULL SESSION		ES/MS
Day Camp	1 3 4 5	\$170/\$200
Day Camp	2	\$150/\$180
Ext. Care AM	1 2 3 4 5	40.00/Ses.
Ext. Care PM	1 2 3 4 5	60.00/Ses.
Ext. Care AM/PM	1 2 3 4 5	\$80/Session or \$10/day

WEEK 1		
DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

WEEK 2		
DayCamp	1 2 3 4 5	\$110/\$140
Ext.Care AM	1 2 3 4 5	\$20/Week
Ext.Care PM	1 2 3 4 5	\$30/Week
Ext.Care AM/PM	1 2 3 4 5	\$40/Week or \$10/day

T-Shirt	Quantity:	\$5.00/each
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Total Child #1 _____

Total Child #2 _____

Total Child #3 _____

WGRC Signature _____ Date _____

****Please make checks payable to WGRC.**

Total Amount Due

WGRC Volunteer Discount

Early Bird Discount

Balance Due

Amount Paid**

Session I must be paid in full with registration!

	10%
	5% by 5/1/10
Check #	Date:

***The West Geauga Rec. Council would like to know how you heard about our summer day camp, please circle one of the following: Internet, School, Program Book, Volunteer or flyer.