

2008 Laughing Loon Day Camp Application

Male Female

Camper's Name		Date of Birth	Grade entering '07	
Address		City	State	Zip
Parent/Guardian's Name		Home Phone	Work Phone	
Emergency Contact		Phone	Relation	
Parent Email Address		Camper Email Address		
<p>Payment Information: Tuition is due one week prior of each session your child is registered for camp. Please enclose a \$50 non-refundable check deposit per week with this application card, or provide your credit card information below.</p> <p>Deposit: _____ Payment in Full: _____ Check Number: _____</p> <p>Credit Card: Mastercard Visa Discover AMEX</p>				
Card#		Exp. Date	Name as is on card (print)	

2008 Schedule:	
Please circle week/s	
Week	Dates
1	Jun 23-27
2	Jul 30- Jul 4
3	Jul 7-11
4	Jul 14- 18
5	Jul 21-25
6	Jul 28—Aug 1
7	Aug 4- 8
8	Aug. 11– 15
9	Aug 18– 22
Rate: \$200 per week	

Checks payable to: YMCA -Camping Services Branch, PO Box 10 Mirror Lake, NH 03853. Phone 603-569-2725. Fax 603-569-5869

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