



# 2010 SUMMER REGISTRATION

## ACCOUNT INFORMATION

ACCOUNT HOLDER FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### FIRST CAMPER (Camper attending the most days)

CAMPER FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ GENDER \_\_\_\_\_

ALL SUMMER – \$3,150

OR	M	T	W	Th	F
<input type="checkbox"/> WEEK 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# OF WEEKS x \$325      # OF DAYS x \$80

### ADDITIONAL CAMPER (Copy for 3rd camper, etc...)

CAMPER FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_ GENDER \_\_\_\_\_

ALL SUMMER – \$2,900

OR	M	T	W	Th	F
<input type="checkbox"/> WEEK 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WEEK 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# OF WEEKS x \$300      # OF DAYS x \$75

## PAYMENT

\$600 PER CAMPER DEPOSIT       PAY IN FULL \$ \_\_\_\_\_       OTHER \$ \_\_\_\_\_

### METHOD

CHECK ENCLOSED

E-CHECK      BANK TRANSIT ROUTING NUMBER \_\_\_\_\_ ACCT # \_\_\_\_\_ ACCT NAME \_\_\_\_\_ ACCT ZIP CODE \_\_\_\_\_

CREDIT CARD       VISA     MASTERCARD     DISCOVER

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

### AUTO BILL

AUTOMATICALLY CHARGE MY BALANCE USING THE ABOVE METHOD ON JUNE 1ST.

I WILL PAY BY JUNE 1ST.

By signing this form, I authorize all payments shown above. I also acknowledge that I will be required to provide medical information and agree to a contract and consent waiver (these forms are available at [www.GoodTimesDayCamp.com](http://www.GoodTimesDayCamp.com)).

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Register online at [www.GoodTimesCamp.com](http://www.GoodTimesCamp.com) or return form to:  
300 Waukegan Road • Glenview, IL 60025 • 847.729.4884 • 847.729.4463 fax