

Gateway Trinity Lutheran Church Day Camp

This is your request for participation in our summer day camp program. A non-refundable deposit of 50% is required so we can hold the space for your child(ren). Upon receipt we will confirm your enrollment, accept your deposit as availability allows, and return additional health forms for you to complete before your child attends camp here. Thank you for your interest!

	Age	Grade Completed
Camper's 1.) _____		
Name(s): 2.) _____		
3.) _____		

Parent's Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone #: _____
 Cell/Work #: _____

COST: (\$80.00) per child per week
 (\$80) x _____ x _____ = _____
 (# of kids) (# of weeks) Total

Deposit:
 Paid in Full
 \$ _____
 (50% Deposit)

Weeks Interested in Attending:

(please circle)

Week 1
 June 15– June 20

Week 2
 June 22-June 26



Camp has sold out the last four years, it is on a first come first serve basis and deposits are not refunded for this reason. We make every effort to include your children, even when there are financial considerations that you make us aware of, yet the costs are rising and we are trying to keep the same price again this summer. Thank you.