

# SANFORD ARTS CAMPS 2010 CAMP APPLICATION

PLEASE ENROLL MY SON / DAUGHTER IN THE FOLLOWING CAMP: **\$250 PER SESSION**

Sewing Camp  
8 - 14 year olds  
Aug. 9<sup>th</sup>

Dance Camp  
8 - 14 year olds  
Aug. 17<sup>th</sup>

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Shirt Size (Indicate child or adult size): \_\_\_\_\_  
**FREE SHIRT (ONLY if enrolled by June 1)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Will your child need transportation \_\_\_\_\_ Yes \_\_\_\_\_ No (\$75 per week) EXTENDED DAY: Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child be attending the day camp? \_\_\_\_\_ Yes \_\_\_\_\_ No LUNCH YES \_\_\_\_\_ NO \_\_\_\_\_  
(\$30 PER WEEK)

How did you hear about this camp? \_\_\_\_\_

Indicate permission to swim: \_\_\_\_\_ Yes \_\_\_\_\_ No

Applications must be accompanied by a statement from your physician affirming the good health of your child. Each application must be accompanied by a non-refundable \$100.00 deposit with the balance due on or before June 1. Enrollments are limited and will be handled on a first-come basis.

Make checks payable to: Sanford Day Camp  
601 N. Olive Street  
Media, PA 19063

**Winter Phone 610-565-4850**

WORD/SDC-Musical Theatre Camp.DOC

Medical Release: I have read the medical release on the reverse side and by my signature agree.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian