GARDEN GROVE 2019 Garden Grove Day Camp Application

Camper's Name	Date of Birth	Age
Parent/Guardian Name		
Address		
	Zip Code	
Primary Phone #	Secondary Phone #	
Email		
	due no later than one week prior to the weel credit/debit cards are accepted. Checks sho	
NO TRANSFERS. A \$5 processi $_{max}$ be made prior to the start of th	ng fee will be assessed for cancellations. Re e week you are cancelling.	fund requests must
	he Americans with Disabilities Act and our pa eded for your child's participation in the Day	
□ YES □ NO If yes, please explain		
Please tell us how you received	the Day Camp information:	
	Internet Prior Attendee Other	
	n number of children is required to schedule the excursion. Minimum number required is	
* <u>YOUR CHILD'S SPOT IS NOT (</u> IN FULL. NO REMINDER CALLS	GUARANTEED UNTIL FEES FOR EACH WEEK F WILL BE ISSUED.*	REQUESTED ARE PAID
-	3 E 4 E 5 E 6 E 7 E 8 E 9 E 10 E	
DATE	PAYMENT WEEK(S)	RECEIPT#