## **GARDEN GROVE** 2020 Garden Grove Day Camp Application

Camper's Name		Date of Birt	h Age
Parent/Guardian Name			
Address			
	Zip Code		
Primary Phone #	؟	Secondary Phone #	
Email			
			e week you are requesting. ks should be made payable
NO TRANSFERS. A \$5 pro be made prior to the start	cessing fee will be as of the week you are	sessed for cancellation cancelling.	s. Refund requests must
As part of our commitmen any special accommodatio	t to the Americans wi ns needed for your cl	ith Disabilities Act and hild's participation in th	our participants, are there le Day Camp Program?
☐ YES ☐ NO If yes, please explain			
Please tell us how you rec	eived the Day Camp i	information:	
G.G. Parks & Rec Gu If other, please explain:			
On Wednesday's, we will No fees will be prorated.	not be providing chil	dcare if your child is n	ot attending the excursion
* <u>YOUR CHILD'S SPOT IS N</u> IN FULL. NO REMINDER C	<u>IOT GUARANTEED UN</u> ALLS WILL BE ISSUE	NTIL FEES FOR EACH W	EEK REQUESTED ARE PAID
For Office Use Only: T-Shirt Size — CS CM CL Weeks requested — 1 E	2 E 3 E 4 E 5 E	6E 7E 8E 9E 10	
DATE	PAYMENT	WEEK(S)	RECEIPT#