

REGISTRATION FORM:

Summer Outdoor Learning Adventure - Register Early as space is limited!

Only one child per form. Please copy this form or write on separate paper for additional children.

CHILD'S NAME: _____

T-SHIRT SIZE: Adult or Youth S M L XL Circle One

GENDER/ AGE IN AUG. _____

PARENT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____ e-mail: _____

_____ 6 -10 YEAR OLD July 18 – July 22

_____ 6 -10 YEAR OLD July 25 – July 29

_____ 11-13 YEARS OLD August 1 – August 5

_____ 11-13 YEARS OLD August 8 – August 12

I request after care hours until _____ (\$5 per hour. After care hours 3 – 5pm)

PROGRAM FEE:

One Week: \$175 or \$155 for Family Members of the Friends.

Two Weeks: \$325 or \$300 Members

Make your check payable to “Friends of the Dyken Pond Center,” and mail to:

Friends of the Dyken Pond Center
475 Dyken Pond Rd.
Cropseyville, New York 12052

