



STEP 1 STUDENT

NAME _____ DOB _____ AGE _____ GENDER M F GRADE FALL 2010 _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ DAY PHONE _____
 EMAIL ADDRESS _____ ROOMMATE REQUEST _____
 T-SHIRT SIZE: YOUTH S M L XL ADULT S M L XL

STEP 2 CHOOSE PROGRAM DATE(S)

*All campers will have access to recreational activities:
 *** Swimming, Horses, Boats, Fishing, Archery ****

CAMP DATES:
 Week #1: June 14-18 Week #2: June 28-July 2 Week #3: July 12-16 Week #4: July 26-30 Week #5: Aug 9-13

TIMES:
 Half Day (9am - 12noon) Ages 6-12 Full Day (9am - 3pm) Ages 6-12 Resident (Mon 9am - Fri 3pm) Ages 9-12

FEES:
 Half Day (\$125) Full Day (\$175) Resident Weekend Fri 5pm-Sun 5pm (\$175) Resident Mon 9am-Fri 5pm (\$350)

CHILD PLAYCARE® PROGRAM (AGES 6-12)
 Circle Days: M T W Th F Choose week(s): _____

CAMP RENTALS: Choose date(s) _____ or call in reservations: 440-708-6053

To register for soccer camps, please complete the Soccer Institute registration form.

STEP 3 PAYMENT

CREDIT CARD:   
 CREDIT CARD#: _____ EXP. DATE: _____ 3 DIGIT CODE: _____
 Print name on credit card: _____ SIGNATURE: _____

AMOUNT: _____ Make checks payable to Deer Valley Camp
 Mail completed form with payment to: Deer Valley Camp, P.O. Box 340, Huntsburg, Ohio 44046
 Or fax completed registration form to 440-435-2020. Questions? Please call 440-636-5616 office or 440-708-6053 mobile

STEP 4 PARENT OR LEGAL GUARDIAN

***Applications cannot be processed without payment and signature of parent or legal guardian.
 PRINT NAME: _____ SIGNATURE: _____

WAIVER: *By signing above, I certify that my son/daughter is in good health and has permission to participate in camp activities. All registered campers will receive a confirmation letter, medical form, directions, list of items to bring to camp, as well as camp rules and regulations.*