



**BOYS & GIRLS CLUB  
OF MERIDEN**

15 Lincoln St  
Meriden, CT 06451 203-235-8185



**2010**

Camper's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Sex: M F Age \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cel# \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cel# \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 Cel # \_\_\_\_\_ Relationship \_\_\_\_\_  
 Contact order: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Emer. Contact (enter 1st, 2nd & 3rd please)

**Fees:** The Cuno Family Trust covers part of the costs of camp. The remainder is as follows:

Session 1, 3 or 4 - \$250 ea. Session 2 - \$230 (9 days) Week 9 - \$130 2nd Family member/Session - \$210 ea.

**NO REFUNDS 1/2 OF THE CAMP FEE MUST BE PAID AT TIME OF REGISTRATION CHECKS PAYABLE TO CUNO CAMP**

**Parents:** To the best of our knowledge the information on this application is correct and we hereby give our consent for the applicant named to participate in any or all of the normal camp activities including any half day field trips the camp may take on rainy days.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Session 1 - 6/21-7/2	Session 2 - 7/6-7/16	Session 3 - 7/19-7/30	Session 4 - 8/2-8/13	Week 9 - 8/16-8/20
Fee \$250 <input type="checkbox"/>	Fee \$230 <input type="checkbox"/>	Fee \$250 <input type="checkbox"/>	Fee \$250 <input type="checkbox"/>	Fee \$130 <input type="checkbox"/>
2nd Sess. \$210 <input type="checkbox"/>	2nd Sess. \$210 <input type="checkbox"/>	2nd Sess. \$210 <input type="checkbox"/>	2nd Sess. \$210 <input type="checkbox"/>	2nd Sess. \$110 <input type="checkbox"/>
AM Care \$30 <input type="checkbox"/>	AM Care \$30 <input type="checkbox"/>	AM Care \$30 <input type="checkbox"/>	AM Care \$30 <input type="checkbox"/>	AM Care \$15 <input type="checkbox"/>
PM Care \$60 <input type="checkbox"/>	PM Care \$60 <input type="checkbox"/>	PM Care \$60 <input type="checkbox"/>	PM Care \$60 <input type="checkbox"/>	PM Care \$30 <input type="checkbox"/>
Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____	Total \$ _____
Mini-camp Pref. (1st choice, 2nd, etc.) <input type="checkbox"/> Nature <input type="checkbox"/> Creative Arts <input type="checkbox"/> Sports <input type="checkbox"/> Adventure	Mini-camp Pref. (1st choice, 2nd, etc.) <input type="checkbox"/> Nature <input type="checkbox"/> Creative Arts <input type="checkbox"/> Sports <input type="checkbox"/> Adventure	Mini-camp Pref. (1st choice, 2nd, etc.) <input type="checkbox"/> Nature <input type="checkbox"/> Creative Arts <input type="checkbox"/> Sports <input type="checkbox"/> Adventure	Mini-camp Pref. (1st choice, 2nd, etc.) <input type="checkbox"/> Nature <input type="checkbox"/> Creative Arts <input type="checkbox"/> Sports <input type="checkbox"/> Adventure	<b>*Choose Program*</b> <input type="checkbox"/> Survivor Week <input type="checkbox"/> Egghead Games <input type="checkbox"/> Traditional Camp

Staff use only: Member # _____ Processed by: _____	Amount _____ Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____
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