

Spring Break Camp

March 14th - 19th

All ages and disabilities

Please download a separate

registration form from website

www.campsummittx.org or

call (972) 484-8900.

Spring Camp Session Camper Registration Form

Family Weekend

April 30th - May 2nd

Please download a separate

registration form from website

www.campsummittx.org or

call (972) 484-8900 ext. 101.

If you wish to attend a weekend session, complete this form and return it to the Dallas office, along with \$225 camp fee. Weekend camp sessions are limited in space, so please return your registration form as soon as possible. If a camper DID NOT attend a 2009 summer or fall camp session, an application and medical form must be completed in addition to this form. Please contact the Dallas office at 972-484-8900 ext. 101 to request an application and medical form.

CAMPER NAME _____ DISABILITY _____

MAILING ADDRESS _____

(Confirmation will be sent to above address)

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ SEX _____ AGE _____

EMAIL _____ COUNTY _____

_____ YES, I would love to attend the following session:

_____ Feb. 13 Day of Respite (ages 6 and up) 10:00 a.m. - 5:00 p.m. (Fee \$30.00)

_____ Feb. 26 - Feb. 28 Adult Developmentally Delayed Weekend Session
(ages 19 & up) 6:00 p.m. Friday - 3:00 p.m. Sunday

_____ March 5 - 7 Young Teen Inclusion - Physically and/or Developmentally Delayed (ages 6 -18)
6:00 p.m. Friday - 3:00 p.m. Sunday (Siblings Welcome)

_____ Enclosed is my registration fee of \$225

_____ Please bill the following organization:

Organization _____ Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____

_____ Please bill my credit card Visa Mastercard Discover

Print Name _____ Signature _____

Card Number _____ Expiration: ____/____ Amount _____

_____ You do not have my 2009 application on file. Please send me one.

_____ You have my 2009 application on file and there are no changes.

_____ You have my 2009 application but attached are changes I need to make.

Please return form to: Camp Summit
17210 Campbell Road, Suite 180-W
Dallas, Texas 75252

FOR OFFICE USE ONLY!

Date Received _____

Entered on Computer _____

Application on CW _____

Health on CW _____

Amount Paid _____

Billing Confirmed _____

Billed _____

Confirmed _____