

Lighthouse Summer Camp Application 2010

Last name	Shirt Size (please circle)		
Camper #1	CS AS	CM AM	CL AL
Camper #2	CS AS	CM AM	CL AL
Camper #3	CS AS	CM AM	CL AL

Family Information:

Parent/Guardian Name	Work Phone	Cell Phone
Parent/Guardian Name	Work Phone	Cell Phone
Address		
Home Phone	Additional Family Information (attach documents if necessary)	

Emergency numbers we may call if necessary:

Name	Relationship to camper	Phone
Name	Relationship to camper	Phone

Complete this application and the payment worksheet. Return this application with the appropriate payment to:

Lighthouse Summer Camps
P.O. Box 134
Spencerville, MD 20868-0134

After we receive your application and payment, we will send you a camper registration form for each camper listed on this application. Or you may print these forms from our website, www.lighthousecamp.com. The medical portion of this registration form must be completed and the parental consent signed before your child may attend camp. Refunds will not be given after June 1, 2010. The \$30 Registration fee is not refundable.

If you are new to lighthouse, how did you hear about us?

Friend ___ Flyer ___ Newspaper ___ Camp Fair (which one) _____

If you were referred by a friend, who was it? _____

***The person who referred you gets a \$10 rebate.**