

# 2010 Cathedral Camp Registration Form

To be used for registrations that will be privately paid.

**CAMPER:** \_\_\_\_\_  
Last Name First Name

Mother/Guardian: \_\_\_\_\_  
(Please print) Last Name First Name

Work phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Last Name First Name

Work phone: \_\_\_\_\_

Camper's home address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Father's cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parish: \_\_\_\_\_ Town: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Relationship

Phone: \_\_\_\_\_

Other + ALL authorized pickups:

\_\_\_\_\_  
Name Relationship

Phone: \_\_\_\_\_

## Check session(s). One-Week Sessions

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <u>First</u> : June 28 – July 2 | <input type="checkbox"/> <u>Second</u> : July 5 – 9     | <input type="checkbox"/> <u>Third</u> : July 12 – 16 |
| <input type="checkbox"/> <u>Fourth</u> : July 19 – 23    | <input type="checkbox"/> <u>Fifth</u> : July 26 – 30    | <input type="checkbox"/> <u>Sixth</u> : August 2 – 6 |
| <input type="checkbox"/> <u>Seventh</u> : August 9 – 13  | <input type="checkbox"/> <u>Eighth</u> : August 16 – 20 | <input type="checkbox"/> <u>Ninth</u> : Aug. 23 – 27 |



**All camp fees are due prior to the start of each session.**

**Amount Enclosed:** \$ \_\_\_\_\_ A one-time \$ 25.00 non-refundable/non-transferable registration fee is required **per child.**

If paying by credit or debit card, please complete the following information:

Visa       MasterCard       American Express

Credit Card Number: \_\_\_\_\_

CVV \*# : \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(\*CVV# is a security feature. It is the 3-digit number printed on the back of Visa and MasterCard or the 4-digit number printed, not embossed, on the front of American Express.)

Name as it appears on card (print):

\_\_\_\_\_

Signature:

\_\_\_\_\_

If paying by check, please make check payable to **Cathedral Camp.**

**Signature of Parent or Guardian**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Please return *Registration Form, Health Form with an official copy of camper's physical exam (must be dated within two years of start of camp), and a copy of camper's immunization record certified by a physician or school nurse (a current school record is acceptable)* and payment to:**

**Cathedral Camp, P.O. Box 428, East Freetown, MA 02717-0428**

Use this space to provide any additional information concerning your child's behavior and physical, emotional, or mental health about which the camp should be aware. Thank you.