

LAKE VILLA TOWNSHIP'S

PEACOCK CAMP SUMMER ADVENTURE DAY CAMP REGISTRATION

Primary Guardian Last Name _____ First Name _____ E-Mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Emergency Phone _____

Check box if you would like to be added to our e-mail list.

Shirt sizes: YS 6-8, YM 10-12, YL 14-16, AS, AM, AL, AXL

Campers Name	Male/ Female	Birthday	Grade	Shirt Size	# of Sessions	Session Fee	PM Extended Care	Total Fee
camper 1								
camper 2								
camper 3								
							Add T-Shirt \$14	
							Add Cinch Bag \$7	
CHOOSE YOUR SESSION(S) <input type="checkbox"/> 2201: 6/6-10 <input type="checkbox"/> 2202: 6/13-17 <input type="checkbox"/> 2203: 6/20-24 <input type="checkbox"/> 2204: 6/27-7/1 <input type="checkbox"/> 2205*: 7/5-8 <input type="checkbox"/> 2206: 7/11-15 <input type="checkbox"/> 2207: 7/18-22 <input type="checkbox"/> 2208: 7/25-29 <input type="checkbox"/> 2209: 8/1-5							PAID (10% AT LEAST)	
							TOTAL DUE	

SESSION FEES

Resident: \$175 for one week, 5% off for multiple weeks *2205 is \$140 due to July 4th holiday

Non-Resident: \$195 for one week, 5% off for multiple weeks *2205 is \$156 due to July 4th holiday

Extended Care: \$30 for PM CARE; 3:30 - 5pm

Deposit: 10% total of total due, per camper

Please list any special requests or accommodations needed if any:

Signature of Primary Guardian _____ Date _____

PAYMENT TYPE _____ CC # _____

CASH _____

CHECK _____ EXP DATE MM/YYYY _____ CVV CODE _____

CREDIT _____

NAME ON CARD _____ SIGNATURE FOR AUTO-BILL _____

161.5

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