

2012 Imagine That Registration Form

Student's Name: _____
Address : _____
City : _____ Zip: _____
Grade : _____ Age: _____
School : _____

Parent/Guardian Parent/Guardian
Name: _____
Home Phone: _____
Work Phone: _____
Emergency Contact: Name: _____
phone: _____
E-mail : _____
Write something fabulous about your child:

Medical or Special Concerns: _____

Check one: 1st camp (June 26th-July6st)
 2nd camp (July 16th-27th)
 3rd camp (Aug 6th-17th)

Payment: \$340 for 10:15 am -3:30 pm
\$450 for 8:00 am - 5:15 pm

If full payment is not possible now, please include a deposit of \$40.00 to insure your space at the camp.

Full payment must be made by the end of the first day of camp.

Please make checks payable to Lola Broomberg and mail to:

Lola Broomberg
2522 Van Ness Avenue
Eugene, OR 97403

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