



Christmas Break Camp December 28 to 31, 2009 \$100

Select Time

10 am to 12 pm

1 pm to 3 pm

3 pm to 5pm

First Name: _____ Last Name: _____

Address : _____

City : _____ IL Zip: _____

Parent's

First Name: _____ Last Name: _____

Address : _____

City : _____ IL Zip: _____

Phone : _____

Check # _____ Amount _____

Credit Card VISA MC AMEX Discover

Card #: _____ Sec. Code: _____ Exp: _____

Parent's Signature: _____

Please note, there is a minimum number of six attendee's required.

Participant and responsible adult will be required to complete and present the Limited Junior Packet that has been sent with this registration form, on the first session of the camp. Multiple signatures are required of both Participant and Responsible Adult on all pages.

Fax to : 847-298-9038
Mail to: 54 Michael Road
Des Plaines, IL 60016

Camp held at 700 Corporate Woods Parkway
Vernon Hills, IL 60061
Enter through 710 doorway