

# Remick Country Doctor Museum & Farm

## 2010 Summer Day Camp Registration Form



<b>Peeps</b>		
Session 1: July 5-9	Ages 5&6	9AM-1PM
Session 2: August 2-6	Cost: \$150	9AM-1PM
<b>Explorers</b>		
Session 1: July 12-16	Ages 7-9	9AM-3PM
Session 2: July 19-23	Cost: \$175	9AM-3PM
<b>Back to Basics</b>		
July 26-30	Ages 10-12	9AM-3PM
	Cost: \$200	

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enrolling in: Peeps \_\_\_\_\_ Explorers \_\_\_\_\_ Back to Basics \_\_\_\_\_

Camp Session: indicate first choice \_\_\_\_\_ second choice \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Check if you would like camp materials sent via e-mail

\_\_\_\_\_ Check if you are a "Friend of the Remick Museum" at the family level

\_\_\_\_\_ Check if you are interested in becoming a "Friend of the Museum"

\_\_\_\_\_ Amount enclosed. Please do not send cash.

- \* If applying for more than one child, please copy and complete a separate form for each camper
- \* If your camper would like to attend a session with a friend, please coordinate prior to mailing form
- \* We try to honor first choices but can not guarantee placement in all requests
- \* Request to attend camp with: \_\_\_\_\_

We will try to honor all requests pending timeliness of request & camp session maximum.

**We now accept MasterCard and Visa Credit Cards:**

Name on credit card: \_\_\_\_\_

MasterCard: \_\_\_\_\_ Visa: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this form by April 6, 2010 with a \$50 non-refundable deposit to:**

**Remick Museum, PO Box 250, Tamworth, NH 03886**

**Make checks payable to Remick Foundation**

For additional information contact Susan Junkins: (603) 323-7591 or (800) 686-6117

E-mail: [edfarm@remickmuseum.org](mailto:edfarm@remickmuseum.org)

*For office use only*

Date Received: \_\_\_\_\_ CreditCardAmount: \_\_\_\_\_ CheckAmount: \_\_\_\_\_ Check# \_\_\_\_\_