



**BOYS & GIRLS CLUBS
OF SOUTHERN MARYLAND**

2008 SUMMER CAMP REGISTRATION FORM

_____ Member Name

_____ Parent/Guardian

_____ Street Address _____ City, State _____ ZIP

_____ Home Phone # _____ Cell or Work #

Please Select Club and Weeks:

LUSBY TEEN CENTER	APPEAL UNIT
Entire Summer (8 weeks) <input type="checkbox"/> June 16-August 8-\$850 (Early Registration Discount (May 16 th -\$800))	Entire Summer (7 weeks) <input type="checkbox"/> June 16-August 1-\$750 (Early Registration Discount (May 16 th -\$700))
Weekly <input type="checkbox"/> June 16-June 20-\$125 <input type="checkbox"/> June 23-June 27-\$125 <input type="checkbox"/> June 30-July 3-\$125 <input type="checkbox"/> July 7-July 11-\$125 <input type="checkbox"/> July 14-July 18-\$125 <input type="checkbox"/> July 21-July 25-\$125 <input type="checkbox"/> July 28-August 1-\$125 <input type="checkbox"/> August 4-August 8-\$125	Weekly <input type="checkbox"/> June 16-June 20-\$125 <input type="checkbox"/> June 23-June 27-\$125 <input type="checkbox"/> June 30-July 3-\$125 <input type="checkbox"/> July 7-July 11-\$125 <input type="checkbox"/> July 14-July 18-\$125 <input type="checkbox"/> July 21-July 25-\$125 <input type="checkbox"/> July 28-August 1-\$125
Note: If this is an additional sibling member, BGCSM will apply a \$100 discount for members paying for the entire camp or \$15 weekly discount for members attending weekly.	

I understand that one parent/guardian must attend an orientation meeting, and payments must be made at least two weeks prior to my child attending camp.

Parent/Guardian Signature