

**DAY CAMP AT HISTORIC RITTENHOUSTOWN
JULY 26-30, 9AM-3PM DAILY
2010 REGISTRATION FORM**

Please complete and submit with a check made payable to:
Historic RittenhouseTown
206 Lincoln Drive, Phila., PA 19144
215-438-5711, information@rittenhousetown.org
(25% deposit is due by May 7. You may submit the remaining due by June 25)
Visit www.rittenhousetown.org to pay with a credit card.

This form must be signed and submitted soon after a credit card payment has been made.

Space is limited. Children must be entering 3rd, 4th, 5th or 6th grade

Camper #1 _____ (Circle) Male/Female

Grade entering as of 7/2010 _____ Age as of 7/26/2010 _____ T-Shirt Size (Circle) S M L XL

Camper #2 (If applicable) _____ (Circle) Male/Female

Grade entering as of 7/2010 _____ Age as of 7/26/2010 _____ T-Shirt Size (Circle) S M L XL

Parent(s)/Guardian(s) _____

Address _____ City/State/Zip _____

Phone(Day) _____ Phone(Evening) _____ Email _____

If you are registering more than two children, please enclose the above information for any additional campers on a separate sheet of paper.

How did you hear about camp? _____

MEDICAL AND EMERGENCY INFORMATION

Historic RittenhouseTown's camp will not have a nurse. Please read and fill out the information below so that we may be best prepared in an emergency/medical situation

Emergency Contact _____ Phone _____ Relationship _____

Emergency Contact (Alternate) _____ Phone _____ Relationship _____

Does camper #1 suffer from any allergies? If so, please explain.

Does camper #2 suffer from any allergies? If so, please explain.

CONSENT IS GIVEN FOR THE FOLLOWING: (Check those items for which you give your consent)

___ 911 Emergency Medical Care (If needed) **THIS MUST BE CHECKED**

___ Administration of Prescription Medication (Physician's current written instructions must be provided)

___ Administration of Non-Prescription Medication: Tylenol-Dose _____ Afterbite-Dose _____

___ Benedryl-Dose _____ Others(list types and dosage) _____

___ Name of Pediatrician _____ Phone Number _____

Parent/Guardian Signature _____ Date ____/____/2009

-OVER-

2010 REGISTRATION FORM CONT.

PAYMENT

INCLUDES T-SHIRT & FRISBEE

PAYMENT PLANS ARE AVAILABLE. CALL OR EMAIL FOR DETAILS.

FEE FOR CAMPER #1 (PLEASE CHECK THE APPROPRIATE FEE.)

\$200 NONMEMBERS OF HRT. TO RECEIVE THE MEMBER RATE, YOU MAY JOIN AT RITTENHOusetown.org

\$175 AVAILABLE TO CURRENT MEMBERS OF HRT THAT HAVE JOINED AT THE "FAMILY" LEVEL.

\$150 AVAILABLE TO 2009 CAMPERS ONLY.

NA: PAID WITH CREDIT CARD AT WWW.RITTENHOusetown.org

FEE FOR CAMPER #2 (PLEASE CHECK THE APPROPRIATE FEE.)

\$200 NONMEMBERS OF HRT. TO RECEIVE THE MEMBER RATE, YOU MAY JOIN AT RITTENHOusetown.org

\$175 AVAILABLE TO CURRENT MEMBERS OF HRT THAT HAVE JOINED AT THE "FAMILY" LEVEL.

\$150 AVAILABLE TO 2009 CAMPERS ONLY.

NA: PAID WITH CREDIT CARD AT WWW.RITTENHOusetown.org

Total Fees \$ _____

Amount Enclosed \$ _____ (25% deposit due by May 7. Refundable before June 25)

Balance \$ _____ (Due by June 25)

QUESTIONS?

CONTACT ARIEL WILSON,
DIRECTOR OF EDUCATION AND PROGRAM DEVELOPMENT
215-438-5711 information@rittenhousetown.org

Please mail this form along with payment to

**Attn: Camp
Historic RittenhouseTown
206 Lincoln Drive
Philadelphia, PA 19144**