



SUMMER WAITLIST INFORMATION

Camp Location: _____

Parent/Contact Name: _____

Home Phone: _____ Work Phone: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Child #1 Name: _____ Grade entering: _____ for 2010

Camp: Kids Adventures
 Teen Adventures

Camp Sessions: Week 3 July 6-9
 Week 7 August 2-6
 Week 8 August 9-13

Child #2 Name: _____ Grade entering: _____ for 2010

Camp: Kids Adventures
 Teen Adventures

Camp Sessions: Week 3 July 6-9
 Week 7 August 2-6
 Week 8 August 9-13

Notes:

I understand that my child(ren) will be put on the Kids Adventures/Teen Adventures waitlist and that Kids Adventures will accept children based on space availability (in accordance with the State of Maryland license requirements) on a first come basis.

I understand that Kids Adventures will contact me if a space becomes available for my child(ren).

I understand that this form must be mailed to the Kids Adventures office at the address on the back of this form and that **the site is unauthorized to accept this form.**

I further understand that it is my responsibility to update the information on my child's waitlist application.

Signature: _____ Date: _____

