

WEST SHORE RECREATION COMMISSION

www.westshorerec.org

tel: 920-9515 ♦ fax: 920-9518

PlayZone 2008 Registration Form

Child's Name: _____ Birthdate: _____

Address: _____ Age: _____

_____ Boro/Twp: _____

Home Phone: _____ Daytime Phone: _____

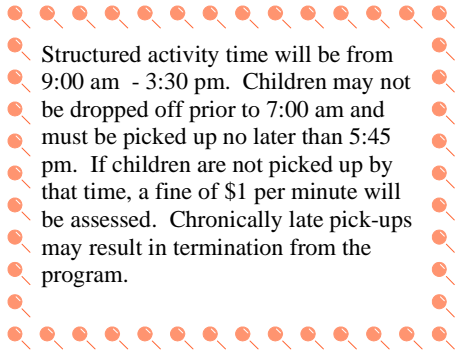
E-mail: _____ Gender: _____

(E-mail address will be used for West Shore Rec communication only and will not be shared with any outside party.)

Please Circle One: Youth T-shirt Size - Small (6-8) Medium (10-12) Large (14-16)
Adult T-shirt Size - Small Medium Large X-Large

Zone Location: ___ PrimaryZone ___ SecondaryZone
___ O-Zone ___ X-Zone

Check beside each week that you are registering:



- | | |
|-----------------------------|-----------------------------|
| _____ 1) June 10 - 13 ♥ | _____ 6) July 14 - 18 |
| _____ 2) June 16 - 20 | _____ 7) July 21 - 25 |
| _____ 3) June 23 - 27 ⊖ | _____ 8) July 28 - August 1 |
| _____ 4) June 30-July 3 ⊖** | _____ 9) August 4 - 8 |
| _____ 5) July 7 - 11 | |

♥ ⊖ ⊙ see special pricing info.

** no camp Friday, July 4

I understand that West Shore Recreation Commission, the organizers/supervisors of the 2008 PlayZone program, and the owners/providers of the facilities, assume no responsibility for accident or injury sustained by the above individual while taking part in this program. I will be responsible for maintaining medical insurance for the participant.

Parent/Guardian Printed Name: _____ Today's Date: _____

Parent/Guardian Signature: _____

If paying by Visa or MasterCard please provide us with your credit card information:

Card Type: _____ Expiration Date: _____

Card Number: _____

Card Holder's Signature: _____

Include a \$47 deposit for each week and remit to:

West Shore Rec Commission
704 Lisburn Rd., Suite 101
Camp Hill, PA 17011