

Berkeley Boosters Summer Outdoor Adventures 2010!

REGISTRATION FORM

Please indicate which programs you would like to register for by placing an "X" in the appropriate box(es) below.

** Make it a Boosters Summer!!! Join all 5 programs for a discounted price of \$475**

- Adventure Camp 1, June 28-July 2, Aquatic Adventures, Ages 10-14, Cost-ONLY \$125
- Adventure Camp 2, July 12-30, Safeway Cycling Challenge, Ages 10-17, Cost-ONLY \$200
- Adventure Camp 3, August 9-27, Adventures in Backpacking, Ages 10-17, Cost-ONLY \$200
- Deep Sea Fishing , Date to be determined, Ages 12 & Up, Cost-ONLY \$15
- Youth Sailing Adventures, Date to be determined, Ages 10-17, Cost-ONLY \$30

* Deposit required of \$50 per camp for all camps. Space is limited. First come, first served. Once camp is full you will be placed on a waiting list (no deposit required if you are placed on the waiting list). If balance is not paid by two weeks prior to start of program your registration will be forfeited to the next person on the waiting list.

Cancellation Policy: Cancellations must be received two weeks prior to start of program to receive a partial refund. (a \$25 processing fee will be retained)

Check T-Shirt Size: Adult S M L XL XXL

Scholarships are available based on financial need, please ask for a scholarship application and provide proof of financial hardship (i.e. pay stub, proof of free or reduced lunch, SSI, etc.)

For Office Use Only

TOTAL COST OF CAMP(S)
(LESS) \$50 DEPOSIT PER CAMP
BALANCE dUE TWO WEEKS PRIOR TO START OF PROGRAM
DateRcd _____ AmountRcd _____ TypeofPayment _____ Other _____

Please complete this page carefully and return to the Berkeley Boosters with your deposit and liability forms. (one form per child)

P.O.Box 17, Berkeley, CA 94701
(510) 845-7193 Fax (510) 649-0886

Child's Name _____

Sex____ Age____ Birthdate_____

Grade (Fall, '10)_____ School_____

Home Address_____

City_____ Zip_____

Home Phone _____

Parent / Guardian 1_____

Home Address_____

City_____ Zip_____

Home Phone _____ Work _____

Employer / Occupation _____

Parent / Guardian 2_____

Home Address_____

City_____ Zip_____

Home Phone _____ Work _____

Employer / Occupation _____

Parent Signature _____

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