

2010 EMILY MCCABE JR CAMP REGISTRATION

NAME _____ Current Grade _____
(Must **currently** be in 1st-3rd grade)

MAILING ADDRESS _____
Street Town Zip Code

PHONE NUMBER _____ Parent's Cell _____

E-Mail _____ (print neatly)

T- Shirt Size YS YM YL AS AM AL AXL

_____ AM Camp 9AM-12:30PM

_____ PM Camp 1PM-4:30PM

Please enclose a check for \$200 (paid in full) payable to **CCT**, or include **Visa or MasterCard** information. Credit Card payments will be charged the full amount. **Mail to PO BOX 602, Mokena, 60448**

CARD NAME (M/C or Visa only)

NAME ON CARD

CARD NUMBER

EXPIRATION

***Fees must be paid in full by open registration on 1/30/09. Deposits will only be refunded before open registration. 50% refund until April 01. No refunds will be given for withdrawal after April 01.**

