

SUMMER CAMP 2017 REGISTRATION

CHILD'S NAME:

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SESSIONS/DATES YOU WISH TO ATTEND:

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PARENT NAME:

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ADDRESS:

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PHONE NUMBER:

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EMAIL ADDRESS:

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PLEASE PROVIDE ANY IMPORTANT INFORMATION ABOUT YOUR CHILD

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PLEASE MAIL REGISTRATION FORM WITH RELEASE FORM AND TUITION TO:

MOR LINN FAM

ATTN: SUMMER CAMP

1311 NORTH STREET

WALPOLE, MA 02081