

Inspire! Challenge 2024 Summer Camp Registration Form

Camper's First and Last Name: _____

Camper's Age: _____ Date of Birth _____

Grade Completed: _____ School: _____

Parent's First and Last Names:

Home Address:

Parent's Home Phone: _____

Parent's Cell Phone: _____ Camper's cell: _____

Parent's Email:

Camper's Email:

T-shirt size: YS ____ YM ____ YL ____ AS ____ AM ____ AL ____ AXL ____

_____ I am interested in helping as an adult volunteer, either before the camp starts or during the camp. Please write when you are available:

Please add any other comments or things we might need to know about your child:

For questions about the camp, contact Sallie Roth (camp director) at 203-415-9649 (cell) or by email saroth817@gmail.com.

For registration forms, please contact Cindy Douglas at cdkd0927@gmail.com

Please send this registration form, along with the two-page permission form, medication form, and full payment of \$685* **by June 10, 2024**. Checks should be made out to **RC Activities, Inc.**

Mail to: **Cindy Douglas**
260 Sunny Ridge Road
Harrison NY 10528

*Online payment option and printable forms may be available soon at <https://rcnytristate.org/events/tag/youth-events/>