

PLEASE SELECT SESSION

Mon., March 15th _____ Wed. March 17th _____ Friday, March 19th _____

REGISTRATION FORM (PLEASE FILL OUT ONE FORM PER CHILD.)

Date _____ Child's Name _____

Age _____ Date of Birth _____ Boy _____ Girl _____

Grade _____ School _____

Special physical or behavioral needs: _____

T-Shirt size (please circle one): **Child** S M L OR **Adult** S M L

CONTACT INFORMATION

Parent/legal guardian name(s) _____

Mailing Address _____ City _____ Zip _____

Home phone _____ Work/Cell phone _____ Email _____

Relationship to child _____ Your signature _____

Child's information (if different from above) Phone number _____

Mailing Address _____ City _____ Zip _____

Full Scholarship _____ Partial Scholarship _____

Cost per child: \$30.00 _____

Before-camp care only (8-9 a.m.) \$10 _____

After-camp care only (3-4 p.m.) \$10 _____

Before-and-after camp care \$20 _____

I'd like to donate to the _____

Critter Camp Scholarship fund: _____

TOTAL ENCLOSED \$ _____

Please make your check payable to: Kauai Humane Society OR circle one: Visa MasterCard

Credit Card # _____ Expiration Date _____

Cardholder's signature _____

Mail completed form to: Critter Camp, Kauai Humane Society, P.O. Box 3330, Lihue, HI 96766

Or fax to: 632-0727, Attention: Critter Camp



**Enroll Today!
Space is Limited
Deadline March 1, 2010**

