

Add-a-Session Form



Camper's Name: _____ Parent Name _____

Contact Number 1 _____ 2 _____

Add the following week(s) of camp:

- 1. Week ____ Camp _____ Extended Care ____
- 2. Week ____ Camp _____ Extended Care ____
- 3. Week ____ Camp _____ Extended Care ____
- 4. Week ____ Camp _____ Extended Care ____
- 5. Week ____ Camp _____ Extended Care ____
- 6. Week ____ Camp _____ Extended Care ____

Faxed registrations only

Please charge my: Visa Mastercard American Express Discover

Account #: _____ Exp. Date: _____

Charge non-refundable deposit only Charge entire balance

Notes: _____

Parent Guardian Signature Date

Kroc Center Use:

Please attach the receipt to this form and staple to the camper's original registration

Paid/ Entered in Frontline Entered in Access Processed By: _____ Date: _____

Comments: _____
