



2010 Application Card

Please circle week(s)	3 June 28 – July 2	6 July 19 - 23	9 August 9 -13
1 June 14 - 18	4 July 5 - 9	7 July 26 - 30	10 August 16 -20
2 June 21 - 25	5 July 12 -16	8 August 2 - 6	11 August 23 -27

Male Female Camper Name _____ DOB _____ Grade entering in Fall 2010 _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Name _____ Parent Email _____

Cell# _____ Home# _____ Work# _____ Return Camper? Yes / No

Emergency Contact _____ Emergency Contact # _____ Relation _____

How did you find out about LLDC? _____

Payment Information: Tuition is \$215 a week due one week prior to each session your child is registered for camp. Please enclose a \$50 non-refundable check deposit per week with this application card, or provide your credit card information below.

Deposit: _____ Payment in Full: _____ Check Number: _____ Credit Card: Mastercard Visa Discover AMEX
 Card# _____ Exp. Date _____ Name as is on card (print) _____

Checks payable to: YMCA- Camping Services, PO Box 10, Mirror Lake, NH 03853

Phone: 603.569.2725 Fax: 603.569.5869

www.bostoncamps.org