

I.Q. Summer Adventure Camp Registration

Mail this form to:
 Summer Adventure Camp at Imagination Quest
 675 Bridgeton Pike
 Mantua, NJ 08051

Or fax with credit card information to:
 (856) 464-8071

1. Please register my child (ren) for the following days: (Check each day attending)

Child's Full Name _____ **Age:** _____

Full-Day camp **Half-Day camp** ___ morning or afternoon?

Session 1	Week	Monday	Tuesday	Wednesday	Thursday	Friday
	June 16					
	June 23					
	June 30					No camp
	July 7					
Session 2	Week	Monday	Tuesday	Wednesday	Thursday	Friday
	July 14					
	July 21					
	July 28					
	August 4					
Session 3	Week	Monday	Tuesday	Wednesday	Thursday	Friday
	August 11					
	August 18					
	August 25					

Child's Full Name _____ **Age:** _____

Full-Day camp **Half-Day camp** ___ morning or afternoon?

Session 1	Week	Monday	Tuesday	Wednesday	Thursday	Friday
	June 16					
	June 23					
	June 30					No camp
	July 7					
Session 2	Week	Monday	Tuesday	Wednesday	Thursday	Friday
	July 14					
	July 21					
	July 28					
	August 4					
Session 3	Week	Monday	Tuesday	Wednesday	Thursday	Friday
	August 11					
	August 18					
	August 25					

2. Please provide the following information. Please print clearly.

Parent's Name:			
Address:			
City	State	Zip	
Telephone (day)		email	

Parents receive a **10% discount** for registering more than one child

3. All Information must be complete and accurate in order for your registration to be processed

Payment information	Total due (from reverse side)
Payment Options <input type="checkbox"/> Cash <input type="checkbox"/> Check (make payable to I.Q.) <input type="checkbox"/> Credit Card (please provide requested low)	
Check one:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Credit Card Number	
Cardholder's Name	
Expiration Date	
Cardholder's Signature	

4. Mail this form with check or credit card authorization to:

**Summer Adventure Camp
Imagination Quest
675 Bridgeton Pike
Mantua, NJ 08051**

Or fax both sides with credit card authorization to (856) 464-8071

5. Parental Permission

I hereby give my child permission to attend and take part in all camp activities. I will not hold Imagination Quest responsible in the event of an accident or injury as a result of his or her participation. I will allow Imagination Quest to use photographs and material made at camp for promotional purposes.

Parent Authorization/Signature: _____

Date: _____

For more information, please call 856-464-2334 x 103

**Session I
I.Q. Camper Programs**

Week of: June 16	Ages 5-8	Ages 9-12
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