

SUMMER CAMP	FEES:					
First Family Member:	1 WEEK- \$200	2 WEEKS- \$350	3 WEEKS- \$450	1 D	AY- \$75	
Additional Siblings:	1 WEEK- \$150	2 WEEKS- \$250	3 WEEKS- \$350	1 D	AY- \$75	
PLEASE CIRCLE THE	DATES YOU WI	LL BE ATTENDIN	<u>G</u> :			
Week 1: June 13th,	15th, 16th	Week	Week 6: July 25th, 27th, 28th			
Week 2: June 20th,	22nd, 23rd	Week	Week 7: August 1st, 3rd, 4th			
Week 3: June 27th,	8: August 8th, 10th, 11th,					
Week 4: July 11th, 1	3th, 14th	Week	Week 9: August 15th, 17th, 18th			
Week 5: July 18th, 2	Oth, 21st					
CAMPER'S NAME			AGE		SHIRT SIZE	
PARENT/GUARD	IAN INFORM	ATION				
name	cell p	hone number	email add	email address		
address						
Si	treet		city	state	zip code	
Please mail completed	registration and de	eposit to: CB Enterp	rises Inc., PO Box 95	51, Exton	PA 19341	
A \$50 deposit per camp	oer is due at the tim	e of registration. <u>Ple</u>	ase make checks pa	ayable to	CB Enterprises Inc.	

AMOUNT PAID: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_ CHECK #: \_\_\_\_