

2010 Summer Recreation Registration Form
August 2nd-6th

Please return form to: Lola Deane, PO Box 827, Shaw Island, WA 98286 with your check for \$50 to cover the week's activities. For Scholarships assistance, contact Ingrid Lynch (468-4617).

Child's Name _____ Parent's name _____

Child's Age _____ Birthdate _____ Phone _____

Any allergies that would affect child's participation in activities? _____

T-shirt size: Y/S ___ Y/M ___ Y/L ___ A/S ___

I would be happy to help as lunch aide ____, program aid ____, ? _____

2010 Summer Recreation Registration Form
August 2nd-6th

Please return form to: Lola Deane, PO Box 827, Shaw Island, WA 98286 with your check for \$50 to cover the week's activities. For Scholarships assistance, contact Ingrid Lynch (468-4617).

Child's Name _____ Parent's name _____

Child's Age _____ Birthdate _____ Phone _____

Any allergies that would affect child's participation in activities? _____

T-shirt size: Y/S ___ Y/M ___ Y/L ___ A/S ___

I would be happy to help as lunch aide ____, program aid ____, ? _____
