

## Inspire! Challenge 2019 Summer Camp Registration Form

Camper's First and Last Name: \_\_\_\_\_

Camper's Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

Parent's First and Last Names:  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ Camper's cell: \_\_\_\_\_

Parent's Email:  
\_\_\_\_\_

Camper's Email:  
\_\_\_\_\_

Roommate Request:  
\_\_\_\_\_

T-shirt size: YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ AS \_\_\_\_ AM \_\_\_\_ AL \_\_\_\_ AXL \_\_\_\_

\_\_\_\_\_ I am interested in helping as an adult volunteer, either before the camp starts or during the camp. Please write when you are available:  
\_\_\_\_\_

Please add any other comments or things we might need to know about your child:  
\_\_\_\_\_

For questions or for all required forms listed below, contact Sallie Roth at 203-415-9649 (cell) or 203-481-2882 (home) or by email [saroth817@gmail.com](mailto:saroth817@gmail.com)

Please send this registration form, along with the two-page permission form, medication form, and deposit of \$165 (or full payment, if you prefer) by May 15, to hold your spot. The final balance of \$300 is due by June 25 (total fee of \$465). Checks should be made out to **RC Activities, Inc.**

Mail to: **Renee McInnis 3 Brown St. Hope, RI 02831.**