



REGISTRATION
2012 SUMMER CAMP NATURE & FARM CAMP
 See form below for details.



Lottery Drawing for Camp Registration Will be Held on March 19th at 9 AM.
 Due to the popularity of this camp, admission is by lottery and your form must be received
 by 9AM on March 19th to be included.
 Any registrations received after March 19, will be processed on a first come, first serve basis.

Program Fee: \$100 CVPC members/\$120 non-members

Make checks payable to: CVPC

Mail form with your payment to:
CVP Summer Camp
2002 Cromwell Bridge Road
Baltimore, MD 21234

For more information, please call 410.887.2503, or E-Mail info@cromwellvalleypark.org

 **CVP Summer Nature & Farm Day Camp 2012** 

One Week Sessions

Ages 5 – 7
 6/25 – 6/29
 7/16 – 7/20
 7/30 – 8/3

Ages 8 – 10
 7/9 – 7/13
 7/23 – 7/27
 8/6 – 8/10

Ages 11 – 13
 7/2,3,5,6

Lottery Drawing for Camp Registration Will be Held on March 19th at 9 AM.
 Due to the popularity of this camp, admission is by lottery and your form must be received by 9AM on
 March 19th to be included. Any registrations received after March 19, will be processed on a first come, first
 serve basis. This program includes take home crafts, hiking, nature studies, stream walks and lots of fun!
 Children will meet and learn about animals, wild and domesticated, enjoy children's garden activities and re-
 ceive an abundance of outdoor knowledge.

Activities are geared to each age group.

Program will run 9:30 AM to 3:00 PM Monday – Friday *(except July 2, 3, 5, 6 will run 9:30 AM to 4:30 PM)*

To register: complete the pre-registration form below and return this page and your check to:
 Cromwell Valley Park, 2002 Cromwell Bridge Road, Baltimore, MD 21234.

You will only be registered for one session.

Cost: \$100.00 for CVPC members, \$120.00 for non-members, payable to CVPC.

**To receive refund of camper's registration monies, Park office must be notified at least 2 weeks
 before assigned camp session begins.**

Phone reservations **CAN NOT** be accepted. We welcome your phone inquiries for open spots, since openings
 fill up quickly. Upon receipt of payment, if your chosen week of camp is full, your payment will be returned.

Child's Name: _____ Age: _____

Phone(s): _____

Address: _____

City: _____ Zip: _____

Parent/Guardian's Name: _____

Childs T-Shirt Size (Please circle one): YouthS YouthM YouthL YouthXL AdultS AdultM AdultL

Which week would your child like to attend?

List in order of preference (you will only be scheduled for one week)

A confirmation of week assigned will be mailed to you in.

First Choice: _____ Second Choice: _____ Third Choice: _____

Cromwell Valley Park Council Member: YES _____ NO _____ (Please check one.)