

CROMWELL VALLEY PARK COUNCIL



APPLICATION 2010 SUMMER CAMP NATURE & FARM CAMP See Application below for details.



Lottery Drawing for Camp Registration Will be Held on March 22nd at 9 AM.

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

Make checks payable to: CVPC

Mail Application 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

Cromwell Valley Park Summer Day Camp 2010

One Week Sessions

Ages 5 – 7
6/28 – 7/2
7/19 – 7/23
8/2 – 8/6

Ages 8 – 10
7/12 – 7/16
7/26 – 7/30
8/9 – 8/13

Ages 11 – 13
7/6,7,8,9

Lottery Drawing for Camp Registration Will be Held on March 22nd at 9 AM.

Any registrations received after March 21, 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 receive 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 6,7,8,9 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: _____

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.

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

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