

2018 Summer Camp REGISTRATION FORM

Member: □ \$160 Non-Member:	$\underline{:} \square \$200$ Session: \square June 25^{t}	h-29 th □ July 9 th -13 th
Parent's Name		
Child's Name		
Age (as of camp)	T-shirt size	Youth/Adult
Address		
Email		
Phone		
2017-18 Grade level	School	
Emergency Contact Name		
Phone		
Check One:		
☐ Check Enclosed (made payable to Historic Columbia)	□ Charge my Credit Card (please fill out below)	□ Paid online
Mastercard/Visa/Discover #	Expiration Date	3-digit CSC#

Please let us know of any allergies or other items we should know about on the reverse.

Please Return the Form with Payment to: Historic Columbia (Camp) 1601 Richland St., Columbia, SC 29201 Fax: 803.929.7695

Signature

For more information or to register over the phone: Kelly Kinard at 803-252-1770 ext. 26 or e-mail kkinard@historiccolumbia.org