

2009 Specialty Camps, Friday Fun Days, and Accelerated Study for Middle School

For Office Use Only

____ Log In ____ Schedule
 Computer: ____ AP ____ Reg
 ____ Proof ____ Payment Date
 ____ Medical Form ____ Database

Do NOT Use This Form For Sports Camps

Age on September 30, 2009 _____ Birthdate: ____ — ____ — ____ Grade in Fall 2009 _____
 Mo Day Yr

How many children from your family are enrolling in Camp College? _____ Name of School _____
 (Please copy this form if you are registering more than one camper.)

____ Sex M F
 MCCC Student ID (If known) _____

____ Last Name First MI

Street Address _____

____ City State Zip Code

Parent/Guardian #1 Daytime Phone _____ Ext. _____ Parent/Guardian #2 Daytime Phone _____ Ext. _____

Parent #1 Name _____ Parent #2 Name _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

e-mail _____

Home Phone _____

Check one: (Sea Camp Only)

- Child T-shirt size: M (10-12) L (14-16)
 Adult T-shirt size: S M L XL

How did you hear about us?

- Previously attended Website Friends
 Ad Which paper? _____ School
 Other _____

Visa Mastercard Amex

Number _____ CVV# _____

Charge customers only: Cardholder name _____ Card expiration date _____

Amount to be charged \$ _____ + \$10* Cardholder signature _____

Check/money order enclosed \$ _____ + \$10* payable to *Mercer County Community College*.

* Includes one time Continuing Studies Summer registration fee

Do not send cash. Payment in full required with registration. Submit separate check for each child.

Send mail registration to:

Attn. Camp College, Mercer County Community College, PO Box B, Trenton, NJ 08690

A completed copy of the medical form on page 44, Camper Code of Conduct on page 43 and Release forms on page 45
MUST be submitted with this application. No registration will be processed without it and all forms will be returned.

Please make sure you fill out both sides of this form.

