

# SUMMER STEAM CAMP

July 16-20

Watkins United Methodist Church  
Louisville, KY

Registrant's Name: \_\_\_\_\_

District: \_\_\_\_\_

Pack Number: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender (Circle): Male or Female

PLEASE INDICATE 2018-2019 SCHOOL YEAR RANK/GRADE		
<input type="checkbox"/> Tiger [1st Grade]	<input type="checkbox"/> Wolf [2 <sup>nd</sup> Grade]	<input type="checkbox"/> Bear [3 <sup>rd</sup> Grade]
<input type="checkbox"/> Webelos [4 <sup>th</sup> & 5 <sup>th</sup> Grade]		

T-Shirt Size			
<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Youth X-Large
<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult X-Large

Daily Themes	
7/16 Monday	<input type="checkbox"/> Rockets & Robots
7/17 Tuesday	<input type="checkbox"/> Dinosaurs, Mutants, & Maneaters
7/18 Wednesday	<input type="checkbox"/> Bang, Boom, Splash Frame!
7/19 Thursday	<input type="checkbox"/> Crime Fighting Chemistry
7/20 Friday	<input type="checkbox"/> Slimy, Goopy, Delicious Science

## CONTACT INFORMATION

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Director: Jane Weishaar [weishaarjane@gmail.com](mailto:weishaarjane@gmail.com)  
Staff Advisor: Katie Glesing 812-399-2064 or  
[Katie.Glesing@gmail.com](mailto:Katie.Glesing@gmail.com)

CAMP FEES	
One Day Rate.....	\$35
Two Day Rate.....	\$70
Three Day Rate.....	\$90
Four Day Rate.....	\$120
Five Day Rate.....	\$150
<b>Late Fee:</b> A late fee of \$10 per day with a \$25 maximum per participant will be added to registrations received on or after June 15, 2018.	

<b>METHOD OF PAYMENT (Credit Card, Check, Cash):</b> _____
<b>Name on Credit Card:</b> _____
<b>Billing Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Amount to be Charged:</b> _____ <b>Credit Card Number:</b> _____
<b>Card Expiration Date:</b> _____ <b>CVC (Code on back of card):</b> _____

Account Number  
1-6801-261-21