

**LAKE VILLA TOWNSHIP'S  
PEACOCK CAMP SUMMER ADVENTURE DAY CAMP REGISTRATION**  
(entering grades K - 8)

Primary Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Check box if you would like to be added to our e-mail list.

Shirt sizes: YS 6-8, YM 10-12, YL 14-16, AS, AM, AL, AXL

Campers Name	Male/ Female	Birthday	Grade	Shirt Size	# of Sessions	Session Fee	Extended Care? Please list AM, PM or Both	Total Fee
camper 1								
camper 2								
camper 3								

Add T-Shirt \$12

Add Cinch Bag \$5

CHOOSE YOUR  2001: 6/8-12  2002: 6/15-19  2003: 6/22-26  2004: 6/29-7/3

SESSION(S)  2005: 7/6-10  2006: 7/13-17  2007: 7/20-24  2008: 7/27-31

2009: 8/3-7

DEPOSIT PAID 10%

TOTAL DUE

**SESSION FEES**

Resident: \$160 for one week, \$8 off for multiple weeks

Non-Resident: \$180 for one week, \$8 off for multiple weeks

Extended Care: \$25 for AM, \$25 for PM or \$40 for both AM & PM (no discount for multiple weeks)

Deposit: 10% total of total due, per camper

Please list any special requests or accommodations needed if any:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Primary Guardian \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT TYPE \_\_\_\_\_ CC # \_\_\_\_\_

CASH \_\_\_\_\_

CHECK \_\_\_\_\_ EXP DATE MM/YYYY \_\_\_\_\_ CVV CODE \_\_\_\_\_

CREDIT \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE FOR AUTO-BILL \_\_\_\_\_