

Camp C.O.O.L.

Vendor # HA0184 Camp Dates February 6-8, 2009
3291 Truxel Rd. #26, Sacramento, CA 95833
Attn: Jenny Yarrow



Name _____ Sex: Male ___ Female ___

Age _____ Weight _____ (limit 180lbs/Sit Skiers Only) Height _____ Shoe Size _____

Address _____

Home # (____) _____ Cell # _____ Work # _____

Parents/guardian name _____

E-mail Address _____

Emergency Contact and Number _____ (____) _____

Camper's Disability _____

Camper Uses: Wheelchair- [] Power Chair [] Manual Chair

Crutches [] Walker [] Braces [] No assistive devices []

Can you transfer for bus trip? [] Yes [] No

Camp Fee Information \$1070.00

Private Pay – Payment due upon submission of registration packet. Payment may be made by check, money order or Visa or Master Card.

I will be paying by: Check _____ Money Order _____ Credit Card _____

Regional Center Client -You will receive a form to be submitted to your Regional Center Case Manager along with your registration packet

() I will be requesting Regional Center Support

FOR OFFICE USE ONLY – PAYMENT INFORMATION

Date Payment Received Check or Money Order Number Amount Paid Balance Due

Credit Card # Expiration Date mm/yy 3 digit verification code

Name as it appears on Credit Card

Signature of Card Holder