S.N.O.W. Camp

Vendor# HA0524 Camp Dates - February 27-March 1, 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 $890.00

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