



WAVE Camp 2009 Application Form
Vendor # HAO135

Applicant's Name _____ Age _____ Male Female

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____

Camper's Disability _____

Requested Roommate _____

Session 1 Mon. 7/6 - Fri. 7/10
 (For campers ages 10-15 years old)

Session 2 Sun. 7/12 - Thurs. 7/16
 (For campers ages 16-25 years old)

T-Shirt Sizes:

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

Camp Fee Information \$1050.00

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

I will be paying by: Check _____ Money Order _____

Please Make Check Payable to: City of Sacramento W.A.V.E. Camp

Full Payment \$1050

Scholarship Requested - *Please submit a letter of request*

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

Please mail form and payment to:

Attn: Jenny Yarrow

W.A.V.E. Camp

3291 Truxel Rd., #26

Sacramento, CA 95833

Tele: (916) 808-6017 Fax: (916) 808-6506