

Summer Camp Registration Form

- Program fees **must** accompany registration.
- Once you are entered in the program, you will receive written confirmation.
- Refunds are processed if a program is cancelled due to limited enrollment. Program cancellation will be followed by written notification and a full refund will be issued.
- This form may be copied if you need to register for additional programs.
- Please make checks out to **Aurora University** and can be mailed to:

Challenger Learning Center
222 Church Street, Woodstock, IL 60098
Phone: (815) 338-7722

Adult Registrant or Parent/Guardian _____

Address _____

City, State & Zip _____

Daytime Phone _____

E-Mail _____

Emergency Contact _____

Emergency Contact Phone _____

Program Name _____ Program Fee _____

Program Date _____

1st Registrant's First & Last Name _____ Grade _____

2nd Registrant's First & Last Name _____ Grade _____

T-Shirt Size __ Youth Small __ Youth Medium __ Youth Large __ Adult Small __ Adult Medium __ Adult Large __ Adult XL

Total Cost _____ Method of Payment: Cash _____ Check# _____

Credit Card _____ Exp. Date _____ Last 3 digits on back _____

Signature _____ Date _____

Important:

***Please note that the Camp Emergency Information, Medical Auhorization and Pick-Up Authorization Form and the Media Release Form must be submitted with the summer camp registration form along with payment in order for your registration to be processed and finalized.**