

# 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/Date \_\_\_\_\_ Program Fee \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

1<sup>st</sup> Registrant's First & Last Name \_\_\_\_\_ Grade \_\_\_\_\_

2<sup>nd</sup> 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 Authorization 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.