



ARCADIA

2009 FAMILY CAMP REGISTRATION FORM

2009 Dates:

Sunday, August 16th -12pm to Saturday, August 22nd-12pm

Registration Information

1. Family name: _____ Years attending Family Camp: _____

2. Email address: _____ Phone number: _____

3. Mailing address: _____

4. Total # of guests in your party: _____

5. # of Adults: _____ # of Children: _____ (please include age of children below)

6. First/Last Names of those attending:

_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Will you be registering for our Children's Program? Yes: ___ No: ___ Maybe: ___

8. Please indicate additional items your family will require. There will be an added cost for some items.

High chair _____

Booster seat _____

Crib _____

Pack n' Play _____

Other _____

9. Special needs: _____

Dietary needs: (please be specific) Vegetarian: ___ Vegan: ___ Other: ___

Housing requests: (please explain): _____

10. Health:

Are all members of your party in good health? Yes: ___ No: ___ If no, please explain:

Deposit: \$100 for each adult, \$50 for each child over 3 yrs.

Please mail deposit, along with this form to:

Louise Johnson,
ARCADIA FAMILY CAMP
42 Goodwives River Rd
Darien, CT 06820