

2009

Summer Camp Deposit Form

(Please use a separate form for each child)

Does your child require a reasonable accommodation in order to participate in this program? yes no
Requests must be made in advance (two weeks ideal) by filling out a Special Needs Statement and Request Form in order for the service or program to be assessed.

For a one-time deposit fee per child, you can reserve the weeks of camp you need (anywhere from 1 to 11 weeks). **Deposit fee is non-refundable and does not apply to camp fees.** For more information and guidelines, please call 368-3838. This completed form with payment may be sent by FAX (credit card) to 368-3980 or mailed (check or credit card) to Parks and Recreation of Topeka, 620 SE Madison, 1st Floor, Topeka, KS 66607.

ONLY use this form for: *Back to Nature (BTN), *Passport to Adventure (PTA), *Sports (Sp) and *Civitan (Civ) Camps. (Use Class Registration form for all other camps.)

Child's Name _____ Male/Female (circle one) Age _____

Parents/Guardians _____

Address _____ City _____ Zip _____

Home Phone _____ Work # Mom _____ Work # Dad _____

Cell # Mom _____ Cell # Dad _____

Resident Status. Please mark the one that applies. Resident – City of Topeka Non-resident
(See back for explanation of Resident/Non-resident.) Resident Deposit is \$20 Non-resident Deposit is \$25

Wk	Dates	Camp*	Code Number	Drop-Off Location	Alternate	Amt/Date Pd☆
1	May 26-29					↓ Office use only
2	June 1-5					
3	June 8-12					
4	June 15-19					
5	June 22-26					
6	June 29-July 2					
7	July 6-10					
8	July 13-17					
9	July 20-24					
10	July 27-31					
11	August 3-7					
12	August 10-14					

*Use Initials from above: BTN, PTA, Sp or Civ

☆Due 2 weeks in advance

Deposit Amount Paid: _____

Date Paid: _____

We offer four convenient methods of payment. Please check one.

- Cash (please do not mail) Visa (16 numbers)
 Check or Money Order payable to Parks and Recreation of Topeka MasterCard (16 numbers)

Total Amount to Charge Today \$ _____

Card # (Be sure to include all numbers)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

Expiration Date:

____ / ____ / ____

Name on Card

Signature