

2011

# 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, 1<sup>st</sup> Floor, Topeka, KS 66607.

**ONLY use this form for: \*Back to Nature (BTN), \*Passport to Adventure (PTA), \*Elite Sports Performance Academy (ESPA) and \*Civitan (Civ) Camps.**  
**(Please 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   
Resident Deposit is \$20 Non-resident Deposit is \$25

Wk	Dates	Camp*	Code Number	Drop-Off Location	Alternate	Amt/Date Pd☆
1	May 31-June 3					↓ <i>Office use only</i>
2	June 6-10					
3	June 13-17					
4	June 20-24					
5	June 27-July 1					
6	July 5-8					
7	July 11-15					
8	July 18-22					
9	July 25-29					
10	August 1-5					
11	August 8-12					

\*Use Initials from above: BTN, PTA, ESPA or Civ

☆ Due 2 weeks in advance

Code: 8-62-001-01

Deposit Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

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

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

- Visa
- MasterCard
- Discover

**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