



**KIDS' KLUBS INC.
CAMP REGISTRATION FORM**

DATES: June 24 - 28

815-643-2307

CHILD'S NAME _____ **ENTERING GRADE** _____ (in Sept.)

DATE OF BIRTH ___/___/___ **AGE** _____ **Sex** _____ **Home Phone** _____ **Cell** _____

WORKPHONE/Cell (F) _____ **WORKPHONE/Cell (M)** _____

PARENT NAME(S) _____

MAILING ADDRESS _____ **CITY/ST** _____ **ZIP** _____

CABIN MATE REQUESTS: _____

(Requests for Cabin Mates should be sent in together. No more than 2 requests!!)

TOTAL COST: \$172

Make checks payable to: Kids' Klubs

CIRCLE YOUR

PAYMENT PLAN:

PLAN A \$60 due with registration (\$20 non-refundable),
 \$56 due by May 15, remainder of \$56 due first day of camp.

PLAN B \$60 due with registration (\$20 non-refundable),
 \$112 due first day at camp.

RETURN THIS FORM TO: KIDS' KLUBS INC. with \$60 registration fee
Box 163, Malden IL 61337