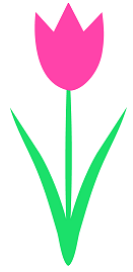




REGISTRATION FORM



Return to the RWS Office with
payment by March 11, 2019

Cost: \$55/day or \$500 for
all 10 days (non-refundable)

8:30-4:00pm

Please bring a sack lunch, drink and outdoor wear each day!
No peanut food or snacks made in a tree nut facility. Thanks!

Child's Name: _____

Grade: _____ Current School: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Name and Number:

Check the day(s) your child will be attending:

- | | |
|--|--|
| <input type="checkbox"/> Monday, March 18 | <input type="checkbox"/> Monday, March 25 |
| <input type="checkbox"/> Tuesday, March 19 | <input type="checkbox"/> Tuesday, March 26 |
| <input type="checkbox"/> Wednesday, March 20 | <input type="checkbox"/> Wednesday, March 27 |
| <input type="checkbox"/> Thursday, March 21 | <input type="checkbox"/> Thursday, March 28 |
| <input type="checkbox"/> Friday, March 22 | <input type="checkbox"/> Friday, March 29 |

Please Indicate
Payment Method

My child will attend all ten days.

- Check Enclosed
- Invoice Me