

Please mail this registration form to: St. Andrew's Church, 232 Durham Road, Madison, CT 06443 or you can fax it to St. Andrew's at 203-245-2601. Or bring it to the Church office Monday - Friday between the hours of 9 am - 4 pm.

FIELD TRIP DAYS MAY CHANGE DEPENDING ON THE WEATHER. PLEASE SIGN UP FOR A DAY(S) THAT YOU WILL BE AVAILABLE TO DRIVE TO A FIELD TRIP. IF WE DO NOT HAVE ENOUGH DRIVERS FOR ANY GIVEN DAY - THE FIELD TRIP WILL BE CANCELED - SO PLEASE SIGN UP!

MONDAY - MINIATURE GOLF **WEDNESDAY - LAKE COMPOUNCE** THURSDAY - BEACH DAY
 TUESDAY - BOWLING

Please Circle Day(s) you can drive.

Session 1	Day	M	T	W	Th
Session 2	Day	M	T	W	Th
Session 3	Day	M	T	W	Th

Name of Camper _____

Address _____

City _____ Zip _____

Date of Birth _____ Age _____ Entering Grade _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Father's Name _____ Mother's _____

Business Phone _____ Mother's _____

Emergency Contact _____

(If unable to reach parent) Name _____ Phone number _____

Please contact me with scholarship information.

Summer Choir Camps Attending:

- Session 1 July 6 - 10 The Rock Slinger and His Greatest Hits
- Session 2 July 13 - 18 Broadway Bistro
- Session 3 July 20 - 24 Hula Hoops and Halo's

_____ has my permission to attend Summer Choir Camp at St. Andrew's Episcopal Church in Madison, Connecticut. I waive any claim against St. Andrew's and its approved leaders or sponsors. In case of medical emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I the parent/legal guardian of _____, a minor, hereby authorize and give consent to the physician selected by the approved leader, sponsor or chaperone, to select proper treatment. I understand that every attempt will be made to contact my child's physician first.

Date _____ Parent/Legal Guardian Signature _____ Parent/Legal Guardian Name/Relationship _____

Family Physician _____ Phone # _____ Family Dentist _____ Phone # _____

Insurance Company _____ Phone # _____ Name of Policyholder _____ Policy # _____

Allergies (including food) _____ Special Needs _____

PAYMENT

Total Summer Tuition _____
 \$225 for 1 session
 \$405 for any combination of 2 sessions

Methods of Payment

(Make all checks payable to St. Andrew's Church. Please write "Summer Choir Camp" in the Memo section of the check)

- Check Enclosed
Please Charge My
- Visa
- MasterCard

Card # _____

Expiration Date _____

Question? Please contact us at:

St. Andrew's Episcopal Church
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 Madison, CT 06443
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 Fax: 203-245-2601
 E-mail: joyann228@yahoo.com
 Website: www.standrewsmadison.org