



CAMP MISHANNOCK

329 Bishops Highway·Kingston, MA 02364

Phone: 781-585-8592 Fax: 781-582-1596

Email: campmish@comcast.net

www.campmishannock.com

Day Camp Registration 2010

Camper's Name _____ Date of Birth _____ Age as of July 1 _____

Address _____

Street

Town

State

Zip

Home Phone _____ Home email address _____

School Attending _____ Grade in Fall 2010 _____

Father's Name _____ Work Phone _____ Cell _____

Address _____

(if different from camper)

Street

Town

State

Zip

Mother's Name _____ Work Phone _____ Cell _____

Address _____

(if different from camper)

Street

Town

State

Zip

The fee for a session is \$350 + \$50.00 registration fee. This fee includes a daily lunch and snack, canteen twice a week, and supper and campfire on Friday. Please designate which session(s) you would like to attend. Additional

_____ Week 1-July 5 to July 9	_____ Week 3-July 19 to July 23	_____ Week 5-Aug 2 to Aug 6
_____ Week 2-July 12 to July 16	_____ Week 4- July 26 to July 30	_____ Week 6- Aug 9 to Aug 13

To register, complete this form and return it with a check for \$250.00 (\$200 non refundable deposit and \$50 registration fee) payable to Camp Mishannock. Mail to: 329 Bishops Highway · Kingston, MA 02364 USA

Balance of tuition is due upon arrival at camp. Tuition will be refunded only in the event of a camper's illness or a death in the family that necessitates the camper's return home. Refunds minus the initial fee and expenses will be prorated.

I, the undersigned parent/guardian, enroll my child for the designated weeks. I agree to pay the tuition fees as outlined and any additional charges incurred by my child.

Signature Required: _____ Date: _____
(Parent/Guardian responsible for tuition)

I also give permission to Camp Mishannock to use any photos, video, or written material that my child may contribute as promotional material for the camp. Signature: _____

Camp Mishannock does not discriminate on the basis of race, color, religion, national origin, or ethnic heritage.

If you have any questions please do not hesitate to contact us at 781-585-8592 or campmish@comcast.net

Camp Mishannock is an accredited member of the American Camping Association.

For Office Use Only: Date Received _____ Check # _____

Additional Fees

Tutoring: Private \$50/hr or Group \$30/hr

ESL (English as a Second Language)_____ Math _____

Indicate hours per week: _____

All Camp Trips (please check off if you will participate)

Week 1	Roger Williams Zoo	\$20	_____
Week 2	Roller Skating	\$20	_____
Week 3	Water Country	\$35	_____
Week 4	Pirate's Cove Adventure Golf	\$20	_____
Week 5	Canobie Lake Park	\$35	_____
Week 6	New England Aquarium	\$20	_____

Teen Travel Trips (must be age 13 and up)

Week 1	TOMB/Boston Duck Tour	\$60	_____
Week 2	Martha's Vineyard	\$30	_____
Week 3	Indoor Rock Climbing	\$30	_____
Week 4	Sea Kayaking/Snorkeling	\$85	_____
Week 5	White Water Rafting (overnight)	\$90	_____
Week 6	Kayak Seal Tour	\$40	_____

Please note, all trip prices include entrance fees, transportation, and supervision. Trips are subject to change due to weather. The trip fees will be reflected on your bill.