

Camp Spirit! Day Camp Registration Form

Please Print

Child's Name _____

Child's age _____ Date of Birth _____

Name of Parent or Guardian _____

Address _____

City _____ Zip _____

Email _____

Daytime phone _____ Other phone _____

All camps are from 10:00am - 2:00pm, the second Saturday of the month!
We meet at the Epilepsy Foundation Office located at 310 W. Idaho, Boise.

Camp fees: \$15.00 per camp, which includes a water bottle, lunch, back-pack and Camp Spirit T-shirt.

I will call and discuss a payment plan and inquire about a scholarship.

Please charge my credit card: (circle one) Visa, Master Card

_____ exp. date _____

Security code (3 digit code on the back of your credit card) _____

I will send my check to: 310 W. Idaho, Boise ID 83702

I will pay online at www.epilepsyidaho.org

Parent/Guardian Signature _____

For more information please call Diane Foote, Camp Director, at

344-4340

