



Wild Wild West Summer Camp
Application Form

Please print:

Camper

First Name: _____ Last Name: _____

Parents/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Male _____ Female: _____

Weight: _____ Height: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

T shirt Size:

S ___ M ___ L ___ XL ___ XXL ___ other: _____

In emergency please call:

Name of relative or friend, other than parent or guardian:

Phone Number(s): _____

Dates:

___ Session 1 - July 1-6

___ Session 4 - July 29 - August 3

___ Session 2 - July 8-13

___ Session 5 - August 5 -10

___ Session 3 - July 22-27

Fee: \$299 per week - \$50 non-refundable deposit (per session) due with this application.

Bus transportation available round trip \$35 from 205th Street in Manhattan.

\$249 balance, plus health form and bus fee due by no later than June 1, 2007.

Payment: Check or money order (made out to: CitiVision, Inc. - WWW in memo)

Send to CitiVision, Inc. 126 Carney Road Ulster Park, NY 12487

Amount enclosed: \$ _____