



Adventure Bound Day Camp

Summer 2019 Registration Form

REGISTRATION begins Thursday, February 7th at 8:30am *in person ONLY* at the Chilson Center

Camper Name: _____ Birthdate: ____/____/____ Grade in Fall 2019 _____

Parent/Guardian Name(s): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Other Phone (C/W): _____

Email Address: _____

T-Shirt Sizes

Youth Small: _____ Adult Small: _____

Youth Med: _____ Adult Med: _____

Youth Large: _____

ADVENTURE BOUND DAY CAMP Ages 5-12				Middle School Camps Ages 12-16	
Week	5-Day (M-F)	2-Day (T/Th)	3-Day (M/W/F)	Week	*M-Th ONLY
Wk 1 (5/29-5/31) *NO CAMP 5/27 - 28 <i>Around the World</i>	N/A	N/A	_____ (W,Th,F ONLY)		N/A
Wk 2 (6/3-6/7) <i>Sports of All Sorts</i>	_____	_____	_____	YOLO Session 1 <i>(6/3-6/6)</i>	_____
Wk 3 (6/10-6/14) <i>Once Upon A Time</i>	_____	_____	_____	Colorado Adventures <i>(6/10-6/13)</i>	_____
Wk 4 (6/17-6/21) <i>Wacky Water Week</i>	_____	_____	_____	Jr. Counselor <i>(6/17-6/20)</i>	_____
Wk 5 (6/24-6/28) <i>Board Games & Beyond</i>	_____	_____	_____	ABLE to Sail <i>(6/24-6/27)</i>	_____
Wk 6 (7/1-7/3) NO CAMP 7/4 - 5 <i>Party in the USA</i>	N/A	N/A	_____ (M,Tu,W ONLY)		N/A
Wk 7 (7/8-7/12) <i>Destination Imagination</i>	_____	_____	_____		N/A
Wk 8 (7/15-7/19) <i>Superheroes</i>	_____	_____	_____	Cardboard & Kinetics <i>(7/15-7/18)</i>	_____
Wk 9 (7/22-7/26) <i>Crazy Carnival</i>	_____	_____	_____	Lights, Camera, Action! <i>(7/22-7/25)</i>	_____
Wk 10 (7/29-8/2) <i>Blast from the Past</i>	_____	_____	_____	YOLO Session 2 <i>(7/29-8/1)</i>	_____
Wk 11 (8/5-8/9) <i>Lions, Tigers & Bears Oh My</i>	_____	_____	_____		N/A
Wk 12 (8/12-8/15) NO CAMP 8/16 <i>Show Us Your Talent!</i>	_____ (M-Th ONLY)*	_____	_____ (M/W ONLY)		N/A

ABDC Fees:

2-Day (T/Th): \$84

3-Day (MWF): \$120

5-Day (M-F): \$180

*4-Day (M-Th): \$152 (Week 12 ONLY)

Middle School Camp Fees:

Week 1: \$125 Week 5: \$140

Week 2: \$160 Week 6: \$160

Week 3: \$125 Week 7: \$125

Week 4: \$255

For Front Desk Use ONLY

Received By: _____

Date: _____

Deposit due at time of registration:

of weeks: _____ x \$25/week = _____

+ \$35 Registration Fee =

TOTAL DUE: _____

QUESTIONS? Call (970) 962-2487 or email kelly.rathbun@cityofloveland.org

