



TRILLIUM SCHOOL SUMMER CAMP 2010

REGISTRATION

Send **ONE** registration Form for each participant.

You will receive confirmation upon receipt of registration and payment.

Parent's Name	Last	First	
Address	Street	Apt.	
	City	State	Zip
()	()		
Phone	Day	Home	E-mail Address
Child's Name	Last	First	Gender: M/F
Child's Date of Birth	MM/DD/YYYY	()	
Emergency Contact	Name	Relation	Phone #

PAYMENT

Only complete one payment section for All of your children attending camp.

	X	\$165.00	=	
Total Number of Campers		Cost per Camper		Total Cost

Make Checks Out To: The Trillium School

Send Checks and Registration to: The Trillium School
P.O. Box 492
Indianola, Wa. 98342

TOTAL
COST →

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