



# Registration Form

2008 Camp Season

**Registration deadline is May 23, 2008**

## Participant Information (Please print)

Parent/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age (at time of camp) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Camp Sessions (Check one)

**Session I \$860.00 fee\***  
July 7 – July 11 Cooperative Games/Trust-Building  
July 14 – July 18 Problem Solving  
July 21 – July 25 High Elements Climbs/ Self-Esteem

**Session II \$860.00 fee\***  
July 28 – Aug 1 Cooperative Games/Trust-Building  
Aug 4 – Aug 8 Problem Solving  
Aug 11 – Aug 15 High Elements Climbs/ Self-Esteem

*\* Challenge Camp is being subsidized by the Rogers Memorial Hospital Foundation. Please apply for a foundation scholarship if additional financial support is needed.*

## Payment Method (Check all that apply)

**Enclosed is my \$100.00 deposit to reserve a space for my child.** (Deposit is applied toward total cost of registration.)

**Please send me a Rogers Memorial Hospital Foundation scholarship application.**

**I would like to make a donation of \$\_\_\_\_\_ to sponsor a child's camp experience.**

**Enclosed is payment in full for my child's session.**

**Check enclosed**  
(Make payable to Rogers Memorial Hospital)

**Charge my credit card** (circle one):  
MasterCard                  Visa

\_\_\_\_\_  
Name on Card (please print clearly)

\_\_\_\_\_  
Address of Cardholder (if different than address given above)      City      State      Zip

\_\_\_\_\_  
Card Number      Expiration Date (mo/yr)      3 Digit Authorization Code

\_\_\_\_\_  
Cardholder's Signature



**Mail completed form to:**  
Challenge Camp  
Rogers Memorial Hospital  
34700 Valley Road  
Oconomowoc, WI 53066

**Fax completed form to:**  
ATTN: Challenge Camp  
(262) 646-3158