





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## GOLDEN VIEW SUMMER CAMP

Today's Date: \_\_\_\_\_

Voyager: (entering k-2<sup>nd</sup>)

Explorer: (entering 3<sup>rd</sup>-6<sup>th</sup>)

Participant Name (Last, First): \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_

Grade (2017-2018): \_\_\_\_\_

Parent/Guardian Name (Last, First): \_\_\_\_\_

Parent/Guardian Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Alternative Phone: \_\_\_\_\_

Method of Payment:  Check Enclosed Credit Card:  Visa  American Express  Master Card

Credit Card #: xxxx-xxxx-xxxx (last 4 digits only) \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Name on Account.: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

**Registration form is not complete without an online account screenshot attached.**

**Unless you are paying the entire balance now, you must provide a credit card for monthly drafting of your payments.**