

**Wappingers Continuing Education
Camp Invention® Registration Form
Summer 2017**

Student Name: _____

Age & Grade Entering 2017-18 School Year: _____

Parent email: _____

Address: _____

School entering for school year 2017-18: _____

Contact Phone #: _____

Alternate Phone #: _____

Any health concerns teacher should be aware of (allergies, etc.): _____

Amount enclosed: \$ _____

Cost: \$250 per session

Please make checks payable to WCSD.

Mail payment & registration form to:

Wappingers Central School Dist.

Attn: Continuing Education

P.O. Box 396

Hopewell Junction NY 12533

No acknowledgement of registration will be made until there are enough students to run the camp.

Register early to avoid camp cancellation or being closed out. First come, first served.

Parents must provide their own transportation. Applications will not be processed without appropriate payment.

No registrations will be taken over the phone.

Refunds are granted only in cases where there is insufficient registration to run the camp.