

WELLESLEY RECREATION

90 Washington St.
Wellesley, MA 02481



Office: 781-235-2370
Fax: 781-237-3558

Forms can be found on our website
www.wellesleyma.gov/recreation

For Office Use Only

Rec T <input type="checkbox"/>	J <input type="checkbox"/>	Q <input type="checkbox"/>
Sessions		
Paid in Full		
Health Form Received		
X - Day		

Circle One: Camp Joey Camp Quest

Ages 5-7

Ages 8-9



Odyssey

Ages 10 - 12

Wellesley Recreation Tax ID# E-046-001-343

Camper's Name _____
Address _____ _____
Home # _____
Date of Birth _____
Tee Shirt Size Please circle one
Youth S M L or Adult S M L

CANCELATION POLICY: There is a \$25 fee for a withdrawal from a single week.

Switching weeks constitutes a withdrawal and the Cancellation Policy applies.

DEPOSIT: \$50 PER WEEK

BALANCE IS DUE BY JUNE 11, 2009.

EACH SESSION IS \$225
Session 2 \$195

HEALTH FORMS DUE MARCH 2, 2009

PAYMENT:

MC OR VISA #: _____ Exp Date: _____ Security Code _____

Make Checks payable to TOWN OF WELLESLEY

Please check if OK to charge balance

TO REGISTER
CHECK SESSION(S)

For Office Use Only - DO NOT WRITE IN SECTIONS BELOW
Cost Payment Information / Date Paid

Session	Date	Cost	Payment Information / Date Paid
Session 1	June 22 - June 26		TOTAL DUE
Session 2	June 29 - July 2		less DEPOSIT
Session 3	July 6 - July 10		BALANCE DUE
Session 4	July 13 - July 17		
Session 5	July 20 - July 24		
Session 6:	July 27 - July 31		
Session 7:	August 3 - August 7		
Session 8:	August 10 - August 14		
