

**2010 Summer Recreation Registration Form**  
**August 2<sup>nd</sup>-6<sup>th</sup>**

Please return form to: Lola Deane, PO Box 827, Shaw Island, WA 98286 with your check for \$50 to cover the week's activities. For Scholarships assistance, contact Ingrid Lynch (468-4617).

Child's Name \_\_\_\_\_ Parent's name \_\_\_\_\_

Child's Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies that would affect child's participation in activities? \_\_\_\_\_

T-shirt size: Y/S \_\_\_ Y/M \_\_\_ Y/L \_\_\_ A/S \_\_\_

I would be happy to help as lunch aide \_\_\_\_, program aid \_\_\_\_, ? \_\_\_\_\_

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