

**REGISTRATION**  
**Alliance Française Summer Camp**  
**July 25-30, 2010**

Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Parent name \_\_\_\_\_

Work Phone/Address \_\_\_\_\_

Second parent or contact \_\_\_\_\_

Work Phone/Address \_\_\_\_\_

A \$50 non-refundable deposit received before June 15 will hold your camper's reservation at \$275 (final \$225 due no later than July 10.)

For reservations received after June 15, please remit full fee of \$325.

Please send this form with your check made out to:  
**Alliance Française Summer Camp**

and mail to: **Frederique Leiritz**  
**PO Box 1741**  
**Missoula, MT 59806**

Name \_\_\_\_\_

Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Please describe the camper's experience with French. This will help us place students in appropriate classes.

Please describe below any physical, medical, diet, or emotional conditions this camper may have that counselors should know about.

I authorize all medical, surgical, diagnostic and hospital procedures as may be prescribed by a physician for my child if I cannot be reached during an emergency. I hereby certify that my child is physically fit to participate in all camp activities unless otherwise indicated above, and is covered by health or accident insurance.

\_\_\_\_\_  
Parent or Guardian Signature Date

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## *Alliance Française*



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