

February School Vacation Camp Registration
February 16-19, 2010



February School Vacation Camp
W. Alton Jones Campus
401 Victory Highway
West Greenwich, RI 02817-2158

Telephone: 401-397-3304 ext. 6043 8:30 AM to 4:30 PM Monday - Friday
Fax: 401-397-3293 E-mail: altonjones@uri.edu Web Page: www.altonjonescamp.org

Name _____

Address _____

City _____

State _____ Zip _____

Phone (Work) _____

Phone (Home) _____ (Cell) _____

Email: _____

Date of Birth _____

Circle One: Boy Girl

Parent/Guardian Name _____

Name of one friend of a similar age with whom the camper would like to share:
a cabin _____ a group _____

Fee: \$340 for registrations received before December 31, 2009
\$390 for registrations received after January 1, 2010.

Fee includes meals and snacks each day, lodging in heated cabins, and four days/three nights of fun-filled activities. Limited financial assistance is available.

Camp Fund:

Help support the work we do with a tax-deductible contribution. Your support assists us with providing camperships.

Yes! I would like to donate \$100 \$75 \$50 \$25 or \$ _____

Return this form with a \$50 deposit or the full fee.

Balance is due February 1st. Payment in full is due for registrations after February 1st.

Make Checks Payable to: *University of Rhode Island* or

Charge to: Visa MasterCard
 Please charge the \$50 deposit Please charge the full amount

Account Number _____

Exp. _____ Signature _____

If paying by credit card, telephone and fax registrations are welcomed. Deposits are non-refundable. Balances are not refundable after February 5. Additional information will be sent upon registration.