

Online registration and payment at
www.islandwood.org
 Call 206.855.4305 or email
summercamps@islandwood.org



Spring & Summer Programs

Return registration by mail to:
 IslandWood
 4450 Blakely Ave NE
 Bainbridge Island, WA 98110
 Attn: Summer Programs Registration

Send ONE registration form for each participant. You will receive confirmation upon receipt of registration and payment.
 Refund and Cancellation Policy:
 Cancellation 30 days prior to program – full refund minus process fee of \$40.
 Cancellation 2 weeks prior to program – 50% refund of all fees paid. Cancellation less than 2 weeks prior or incomplection of program – no refund.

DATE: _____

PARENT'S NAME	(LAST, FIRST)	EMAIL	
ADDRESS	STREET	APT #	
CITY	STATE	ZIP	
PHONE	HOME	CELL	WORK
CHILD'S NAME	FIRST	LAST	GENDER: F OR M

SCHOOL LAST ATTENDED _____ IS THERE ANOTHER CAMPER YOUR CHILD WOULD LIKE TO BE WITH?*

*NOTE: FOR SLEEP-AWAY CAMPS, CAMPERS WILL BE PLACED IN THE SAME LODGE ROOMS & DINING TABLES AS THIER REQUESTS. HOWEVER, THEY MAY BE PLACED IN DIFFERENT FIELD GROUPS.

CHILD'S BIRTHDATE & AGE _____ GRADE ENTERING IN FALL (FOR SPRING BREAK CAMPS, LIST CURRENT GRADE)

EMERGENCY CONTACT _____ PHONE _____ RELATIONSHIP _____

How did you hear about IslandWood's summer camps? Please circle all that apply.

IslandWood Web Page Friend or Relative IslandWood Email Bainbridge Review Bainbridge Islander Facebook, Twitter, YouTube	Camp/Parent Fair (Which One?) _____ Pavilion Movie Theater Ferry IslandMoms Flyer Sent Home From School Flyer Seen Around Town Attended in a Previous Year Other _____
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T-Shirt Size

(ALL CAMPERS WILL RECEIVE AN ISLANDWOOD CAMP T-SHIRT AT NO EXTRA CHARGE)

S

M

L

XL

Medical Information

DOCTOR'S NAME

DOCTOR'S PHONE NUMBER

HEALTH INSURANCE CARRIER

POLICY/GROUP NUMBER

Program Sign-Up

PROGRAM NAME

DATES

COST

PROGRAM NAME

DATES

COST

Payment

VISA MASTERCARD AMERICAN EXPRESS

CHECK (PAYABLE TO ISLANDWOOD) TOTAL DUE :

NAME AS IT APPEARS ON CARD (PLEASE PRINT)

BILLING ZIP CODE

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

FOR OFFICIAL USE ONLY

DATE ENTERED TO VISA \ \

BY: