

# 2010 Camp Minnetrista

## 2010 Price List

Member

Non-Member

**Before May 1, 2010**

Price Per Class, all children

Full Day	1/2 Day	Full Day	1/2 Day
\$105	\$60	\$135	\$75

**After May 1, 2010**

Price Per Class, first child

Full Day	1/2 Day	Full Day	1/2 Day
\$120	\$70	\$150	\$85

**After May 1, 2010**

Price Per Class, each additional child

Full Day	1/2 Day	Full Day	1/2 Day
\$105	\$60	\$135	\$75

### How did you hear about Camp Minnetrista?

- Newspaper  
  Brochure  
  Online  
  Radio  
  E-mail  
 Other \_\_\_\_\_

Member    Non-Member

### Camper #1

Guardian's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level (Fall 2010):    Pre-K or K    1-3    4-6

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Member    Non-Member

### Camper #2

Guardian's Name: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level (Fall 2010):    Pre-K or K    1-3    4-6

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Week 1 June 14-18		Week 2 June 21-25		Week 3 July 19-23		Week 4 July 26-30	
AM	PM	AM	PM	AM	PM	AM	PM
<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> Pre-K-K	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> Pre-K-K	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>
<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>
<input type="checkbox"/> Extended Care*		<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> Extended Care*		<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>
		<input type="checkbox"/> Extended Care*				<input type="checkbox"/> Extended Care*	

Check all boxes that apply. \*Extended Care adds \$25.

TOTAL COST  
OF CAMPER 1

Week 1 June 14-18		Week 2 June 21-25		Week 3 July 19-23		Week 4 July 26-30	
AM	PM	AM	PM	AM	PM	AM	PM
<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> Pre-K-K	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> Pre-K-K	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>
<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>	<input type="checkbox"/> 1 <sup>st</sup> -3 <sup>rd</sup>
<input type="checkbox"/> Extended Care*		<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> Extended Care*		<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>	<input type="checkbox"/> 4 <sup>th</sup> -6 <sup>th</sup>
		<input type="checkbox"/> Extended Care*				<input type="checkbox"/> Extended Care*	

Check all boxes that apply. \*Extended Care adds \$25.

TOTAL COST  
OF CAMPER 2

## Payment Information:

### If check or money order enclosed:

Make Payable to: Minnetrista

Mail to: Minnetrista

1200 N. Minnetrista Pkwy.

Muncie, IN 47303

### If paying by credit card:

\_\_\_\_ Visa \_\_\_\_ Master Card

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_