



2009 Summer Camp Enrollment Form

Participant's Information

Name: _____ Age: _____ Date of Birth: _____

Street Address: _____ Gender: M F

City: _____ State: _____ Zip Code: _____

Home Phone:(____) _____ E-mail: _____

School: _____ Grade ('09-'10): _____

Food allergies or Vegetarian? _____

How did you learn about MCC Summer Camp? _____

T-shirt size (circle one): Y-S Y-M Y-L Y-XL A-S A-M A-L A-XL

Parent/Guardian Information

Name: _____ Day Phone:(____) _____

Evening Phone:(____) _____

Cell Phone:(____) _____

E-mail: _____

Name: _____ Day Phone:(____) _____

Evening Phone:(____) _____

Cell Phone:(____) _____

E-mail: _____

**Camp Tuition is \$100. Please return completed form and check payable to Masterworks to:
MCC Summer Camp, c/o Mike & Susan Niederer 709 Glenn Dr., Mascoutah, IL 62258 566-4894**

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