



2009 Registration Form

Child's Name _____ Age _____ Weight _____

Parent or Guardian Name(s) _____

Home Address _____

Mailing Address _____

Home Phone # (_____) _____ Work # (_____) _____

Cell Phone # (_____) _____

E-Mail Address _____

Medical Or Physical Information We Should Be Aware Of:

Hobbies / Interests _____

Summer 2009 Camp Dates

July 13-17



Since space is limited and all reservations are accepted on a first-come basis, we highly recommend that you return the registration form as soon as possible.

The fee for the five-day program is \$795.00 Please select from the dates given and return the registration form with your \$400 deposit payable to:

Camp Ocean Adventures
P.O. Box 1438 Portsmouth, NH
03802

The balance for any and all weeks is due fourteen days before the start of your camp week.

Camp Ocean Adventures runs Monday through Friday from 8:45 a.m. until 3:00p.m. We make every effort to spend as much time aboard the boat as possible. However, weather conditions can be unpredictable, and in the event of inappropriate sea conditions, some day's adventures may be changed to land-based excursions. Please understand that we work very hard to make the most of every day and to see that your child has an educational, exciting, fun and memorable week!

We look forward to meeting you,

Jennifer and Doug Anderson