

REGISTRATION FORM

Name of Child _____
Age _____ Sex _____ T-Shirt Size: Adult/Youth _____
circle one indicate size

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Address _____

Phone _____

Parent or Legal Guardian's Name(s) _____

Work Phone _____ H Phone _____ C Phone _____

Each registered child will receive one free Camp t-shirt. Additional shirts may be purchased for \$7.00 (youth) and \$10 (adult).

Registration Fees:

One Child (\$75.00) _____

Two Children (\$145.00) _____

Three Children (\$215.00) _____

Additional Children (\$70 each) _____

Please indicate additional shirt sizes

No. _____ Size: _____

Total Amount Enclosed: _____

Make checks payable to HUOA. Mail to:

HUOA

Children's Day Camp

94-587 Ukee St.

Waipahu, Hawaii 96797

Upon acceptance, additional forms will be mailed to you.

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