

# TEEN ADVENTURE CAMP

For those entering 7th & 8th grade in the Fall of 2016



**Where:** Mayfield Middle School  
**Times:** 8:30 AM - 3:00 PM  
Monday - Friday

**When:** June 6 - July 15  
Session 1 - June 6 - June 24  
Session 2 - June 27 - July 15

## 3 WEEKS

\$505 Resident of School District  
\$480 Each Additional Child in Family  
  
\$530 Non-Resident  
\$505 Each Additional Child in Family

## 6 WEEKS

\$865 Resident of School District  
\$840 Each Additional Child in Family  
  
\$940 Non-Resident  
\$915 Each Additional Child in Family

WE WILL BE TRAVELING 4-5 TIMES PER WEEK.

SCHEDULED ACTIVITIES INCLUDE:

CEDAR POINT  
FUN-N-STUFF  
WHITE WATER RAFTING  
WHIRLY BALL

CLAY'S PARK  
DOWNTOWN CLEVELAND  
HIKING THE METROPARKS  
AND MUCH MORE

## REGISTRATION INFORMATION

*Residents of Mayfield City School District - Starts March 2*  
*Non School District - Starts March 16*

**Mayfield Heights City Hall**  
**8:30 AM - 4:30 PM**  
**442-2627**

**Mayfield Village Civic Center**  
**8:30 AM - 4:30 PM**  
**461-5163**

Over

# TEEN ADVENTURE CAMP

## 2016 Registration Form

### Mail/In Person

Mail Completed form with payments to:

City of Mayfield Heights  
Adventure Camp  
6154 Mayfield Rd  
Mayfield Heights, OH 44124  
or  
Mayfield Village  
Adventure Camp  
6622 Wilson Mills  
Mayfield Village, OH 44143

### Email/Fax

Credit Card Only

Email or Fax completed form with Visa/MC #, exp. date  
and CVC code to:

Mayfield Heights  
[nicktagg@mayfieldheights.org](mailto:nicktagg@mayfieldheights.org)

or

Mayfield Village  
440-461-2231

(MV also accepts phone registrations at 440-461-5163)

\*Refund Policy: Full Refund until March 18, 50% refund until April 15, 25% refund until May 27, no refunds after May 27.

### PARTICIPATION INFORMATION

Please Print

Teen Camp Session: 1 \_\_\_ 2 \_\_\_ Both \_\_\_

Campers Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade as of 9/16: 7 \_\_\_ 8 \_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment

Amount Enclosed: \_\_\_\_\_

Cash \_\_\_ Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_

CVC # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_