P. O. Box 6361, Arlington, VA 22206-0361
Office (703) 486-0058 Fax (703) 486-1873
careinc1996@gmail.com
www.careinc1996.wordpress.com

Summer BASKET 2016 Registration Form

Camper Name: _____ ☐ Male ☐ Female Date of Birth: ____
Lastname Firstname MI

Mailing Address: _____ County: _____ State: ___ Zip: _____
www.careinc1996.wordpress.com

1st Parent/Guardian Name: _____

Phone: (H)_____ (W)_____ (C)_____

2nd Parent/Guardian Name: _____

Phone: (H)_____ (W)_____ (C)_____

Primary Contact Email: _____

Please list two emergency contacts with phone numbers:

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

☐ $10 Application Fee (Due with Application-Non-refundable)

Please select session to attend: ☐ Session 1 – June 27, 2016 – July 1, 2016

☐ Session 2 – July 5, 2016 – July 8, 2016

Completed registration form can be mailed to CARE, Inc., P. O. Box 6361, Arlington, VA 22206-0361, Faxed to (703) 486-1873 or registration can be done on the phone at (703)486-0058.