

ORANGE COUNTY BIKE CAMP

August 2 - 6, 2010 (Monday – Friday)
Soka University, Aliso Viejo



DOWN SYNDROME ASSOCIATION
OF ORANGE COUNTY

REGISTRATION FORM



Indicate which agency you are applying to (check only one):

- Down Syndrome Association of Orange County
 United Cerebral Palsy of Orange County

Space is limited! Apply NOW.
Your application must be postmarked
or fax-date stamped by April 16th, 2010

Participant Information:

First name _____ Last Name _____

Date of Birth _____ Ht (inches) _____ Weight (lbs) _____

Disability or special needs _____

Parent/Guardian Information:

First name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell () _____

Email address _____

Has participant attended Bike Camp previously? Yes No

If yes, where and what year did they attend? _____

Below is the camp schedule: Your camper must be able to attend the **same** session each day, Monday through Friday. Please indicate your 1st, 2nd and 3rd choices. Line out any sessions you *definitely cannot* attend.

_____ Session 1 – 8:30 a.m. – 9:45 a.m.	_____ Session 4 – 2:00 p.m. – 3:15 p.m.
_____ Session 2 – 10:05 a.m. – 11:20 a.m.	_____ Session 5 – 3:35 p.m. – 4:50 p.m.
_____ Session 3 – 11:40 a.m. to 12:55 p.m.	_____ Camper can attend any session

*There will be a mandatory Parent Meeting on Sunday, August 1, 2010 from 3:30 p.m. to 5:00 p.m. at Soka University. Campers need not attend.

You will be notified by April 23rd if your camper is selected. A camp packet will be sent to you at that time. Completed forms and the camp tuition of \$200.00 must be received by May 21, 2010 or the camper slot may be forfeited.

The information provided above is accurate to the best of my knowledge. If my camper is selected, I agree to meet the deadlines stated above.

Signature _____ Date _____

Name (please print) _____

ALL APPLICATIONS ARE TO BE MAILED TO:

BIKE CAMP
c/o UCP-OC
980 Roosevelt, Suite 100
Irvine, CA 92620

Or Fax to: (949)333-6441