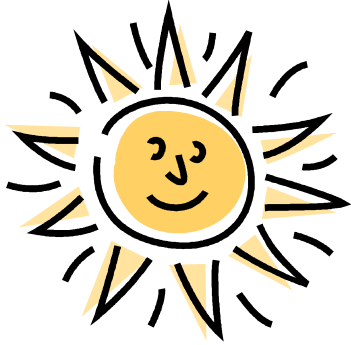


**SHINE
DOWN UNDER**



A Camp T-SHIRT will be given to each camper. Mark your child's size.

CHILDREN'S	ADULT
_____ S (6-8)	_____ S
_____ M (10-12)	_____ M
_____ L (14-16)	_____ L
	_____ XL

Fine Arts & Activity Camp '09

JULY 13-16 & 20-23 9 am - 1 pm

For Kids entering 2nd - 6th grades

\$100 for 1 week / \$190 for 2 weeks

\$30 deposit per week (applied to the cost) due with registration.
Deposits will be forfeited on cancellations after June 1, 2009.

Final payment is due by June 29, 2009.

Office Use Only:

REC

ACS

From the list below choose **five different** classes for each week you will attend. Write them in the **order of your preference** on lines 1-5. You will receive three of the five you choose.

Classes taken in Week 1 may not be repeated in Week 2.

- | | |
|----------------------------|--------------------------|
| • Aussie Oils | • Kangaroo Cooking |
| • Aboriginal Dot Painting | • Australian Trail Mix |
| • Great Barrier Reef | • Sydney Opera House |
| • Desert Clay | • "Shine" Dance |
| • Marvelous Marsupials | • Didgeridoo |
| • Australian Sheep Station | • Walkabout Storytelling |
| • Koala Bears | • Kookaburra Puppets |
| • Fashion Australia | • Down Under Games |
| • Crocodile Dundee | • Outback Outdoor |
| • River Canoes | • Adventures |

Classes for Week 1 (July 13-16)

1. _____
2. _____
3. _____
4. _____
5. _____

Classes for Week 2 (July 20-23)

1. _____
2. _____
3. _____
4. _____
5. _____

See the back of this form for class descriptions.

Date _____ Grade Entering August, 2009 _____ Circle one: Boy Girl

Child's Name _____ Date of Birth _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Mother _____ Work Phone _____ Cell Phone _____

Mother's Email address _____

Father _____ Work Phone _____ Cell Phone _____

Father's Email address _____

In case of emergency, if parents cannot be reached, (name) _____

(phone #) _____ has my permission to pick up my child.

Alert us to any allergies or medical conditions: _____

Physician _____ Phone _____

Photo Release: I understand that as a participant, my child may be photographed or videotaped during normal camp activities and these photos / videos may be used in promotional material or on the WTBC website.

Parent/Guardian Signature _____

We are members of _____ Church of _____ (city, state)

Sponsored by the Children's Ministry of **Williams Trace Baptist Church**

16755 Southwest Freeway, Sugar Land, TX 77479 281-980-4431 FAX 281-980-1741 www.wtbc.org

For Fine Arts and Activity Camp information or questions, contact Suzan at 281-275-6527 or sdortch@wtbc.org