



Day/Sports Camp/Before & After Camp Care 2022 Refund Form

HH# _____

Participant's Name : _____ Parent/Guardian Name (s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

SELECT A CAMP:

- Discovery Camp** Grades K-2^
- Day Camp** Grades 1-6^
- Sports Camp Junior Varsity** Grades 1-4^
- Sports Camp Varsity** Grades 5-8^

^2022-2023 School Year

Rakow Center Sports Camp

- 37420-Section • (Junior Varsity)
- 37425-Section • (Varsity)
- 37429-Section • (Camp Care)

Randall Oaks Recreation Center Sports Camp

- 37430-Section • (Junior Varsity)
- 37435-Section • (Varsity)
- 37439-Section • (Camp Care)

Discovery Day Camp

- 35430-Section #
- 37429-Section # • (RA Camp Care)

Sleepy Hollow Day Camp

- 35400-Section #
- 35400-Section # • (SHC Camp Care)

Algonquin Lakes Day Camp

- 35450-Section #
- 35450-Section # • (AL Camp Care)

SELECT A SECTION:

Day/Sports Camps

Fee: \$149(R)/\$179(NR)

- Week 1 June 6-10 Section 31
- Week 2 June 13-17 Section 32
- Week 3 June 20--24 Section 33
- Week 4 June 27-July 1 Section 34
- Week 5+ July 5-8 Section 35
- Week 6 July 11-15 Section 36
- Week 7 July 18-22 Section 37
- Week 8 July 25-29 Section 38
- Week 9 Aug. 1-5 Section 39

+ Discovery/Day/Sports Camp Week 5 fee is \$120(R)/\$150(NR).
No Camp or Camp Care 7/4

Before Camp Care

Fee: \$39(R)/\$49(NR)

- Week 1 Section 11
- Week 2 Section 12
- Week 3 Section 13
- Week 4 Section 14
- Week 5+ Section 15
- Week 6 Section 16
- Week 7 Section 17
- Week 8 Section 18
- Week 9 Section 19

+Week 5 AM fee is \$32(R)/\$42(NR)
No Camp or Camp Care 7/4

After Camp Care

Fee: \$56(R)/\$66(NR)

- Week 1 Section 51
- Week 2 Section 52
- Week 3 Section 53
- Week 4 Section 54
- Week 5+ Section 55
- Week 6 Section 56
- Week 7 Section 57
- Week 8 Section 58
- Week 9 Section 59

+Week 5 AM fee is \$45(R)/\$55(NR)
No Camp or Camp Care 7/4

Add Swim Lessons to Discovery Day Camp, Sleepy Hollow Day Camp & Rakow Sports Camp ONLY Fee: \$15

*Select the proper swim level.
Select the week.*

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Week 1 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Level 3 | <input type="checkbox"/> Week 3 |
| <input type="checkbox"/> Level 4 | <input type="checkbox"/> Week 4 |
| <input type="checkbox"/> Level 5 | <input type="checkbox"/> Week 6 |
| <input type="checkbox"/> Level 6 | <input type="checkbox"/> Week 7 |
| | <input type="checkbox"/> Week 8 |

OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Amount Paid _____
Supervisor's Initials _____		Amount Withheld _____
Date ____/____/____	Refund Fee \$5.00	
Staff Initials _____		Total Refund _____

Reason for refund: _____
