



YOUNG WHEELERS CAMP AMERICA - REGISTRATION FORM (Children Ages 6-12)

Child's Name _____ DOB: _____

Address: _____

Parent email _____

Parent/Guardian Phone # Number _____

Phone # for Emergency Contact _____

SESSION DATE ATTENDING: Please CIRCLE Date Below - Sessions \$150 each

JULY 24 – 27
(9AM-NOON)

July 31 – August 3
(9AM-NOON)

Deposit Should Accompany Registration Form - Non-Refundable: \$50.00

Remaining Balance due 14 days before camp session.

If additional siblings are attending - Please fill in

Name _____ D/O/B _____

Name _____ D/O/B _____

Please list any allergies or medical information we may need to know for each attending _____

Who is permitted to pick up your child/children (Provide Name & Contact Info.)

Parent/Guardian
Contact Info.

Signature _____

Parent/Guardian - Please Print _____

DATE RECEIVED: _____

Make Checks payable to:
America On Wheels, 5 North Front Street, Allentown PA 18102
For Credit Card Payments: Please call 610.432.4200 x 10 / Education Office