







July 9-13

National Zoo
Spy Museum
American History Museum
Museum of the Bible
Walking Tour of Monuments
Campers' Choice Day

Who? Current 3rd to 5th gradersHow? Transportation by Metro - drop-off/pick-up at Braddock Rd.How Much? \$350 per camper with a \$100, non-refundable deposit

Looking Forward To Touring DC With Your Children!

Registration form is on the back>>>

Kate Chelak – Kchelak@bssva.org Jeannette Stoiber – Jstoiber@bssva.org

REGISTRATION FORM – FIELD TRIP CAMP

Please print all of the information clearly. Turn in to the school office with the deposit in an envelope marked FIELD TRIP CAMP – ATTENTION: JEANNETTE STOIBER.

Child's Name:		Age _	D.O.E	8			
Parent/Guardian's Name:							
Address:							
City	State	Zip					
Email Address:							
Home Phone:							
Work Phone:							
Cell Phone:							
Emergency Contact (Name) and Pho	one:						
*** T-shirt size: YOUTH: S M	ı Y	ſ	ADIII T.	c	М	T	
*** Metro fare card is included in th			ADULI.	3	.1*1	ь	
*** Campers will need to bring their			ing money t	o nurcl	hase	them	
dampers will need to bring their	. Own functi &	drillik or br	ing money c	o parci	iusc	chem.	
Enclosed is a check for \$100 pe	er child as a n o	on-refunda	ible deposi	t fee. I	und	erstand t	that the
remaining balance is due on or befo							
G	•						
Enclosed is a check to cover the	e entire camp f	fee. Should	I decide I no	olonge	r wa	nt my cł	nild to attend
camp, before the first day, <mark>all but \$</mark>	100 will be re	efunded. If	I cancel af	ter the	firs	t day of	camp, I
understand that there will be no	refund.						
If you have any questions or concer	ns, please feel	free to ema	il Kate Chel	ak – <u>Ko</u>	<u>:hela</u>	ık@bssv	<u>a.org</u>
or Jeannette Stoiber – <u>Istoiber@bss</u>	va,org						
Parent Consent:							
I give my child permission to partic	_	_					_
any physical impairment which wo		_			_		=
signing this form I agree that in the				_			
Trip Camp, I release the camp, the c	=				men	t School	and other
educational facilities that may be us	sed for camp fr	om any and	d all liability				
Decreased Constraint		ъ.					
Parental Consent		Date					