

Bayside Summer Adventure

Cancel/Add/Change Request Form



Today's Date [mo-day-year] _____

Parent's Last Name (if Different) _____

First Child

First Name _____ Last Name _____

Action Requested

Cancel Session/s

▼ List Cancelled Camps Here

Sess. Camp Name

Sess. Camp Name

Add Session–Did You Already Add Using On-Line Registration–Yes or No?

Please "√" Camp/s You Wish To Add & Circle Desired Session/s Below

Ultimate 1 2 3 4 5 6 7 8 9 10 11 12

Full Day White Tail 1 2 3 4 5 6 7 8 9 10 11 12

1/2 Day White Tail (4&5yr. olds/9:15am-1:30pm) 2 3 4 5 6 7 8 9 10 11

"√"- If Desiring a Specialty Camp as Part of Your Request

N/A

LT Camper/Additional Weeks/Ages 14-15 (available sessions 3-12)

Sports Camp/Ages 8-15 (offered sess. 3)

Fishing Camp/Ages 9-15 (offered sess. 5)

Art/Photo Camp/Ages 9-15 (offered sess. 7)

Cooking Camp/Ages 9-15 (offered sess. 9)

STEAM/Ages 8-15 (offered sess. 11)

► N/A Yes **Extended Hours** Required? 1 2 3 4 5 6 7 8 9 10 11 12

N/A Yes **Bus Required-AM** Location? N S _____

PM (if different) N S _____

Cont.'/Second Child ►



Second Child

First Name _____ Last Name _____

Action Requested

Cancel Session/s

▼ List Cancelled Camps Here

Sess.	Camp Name	Sess.	Camp Name
_____	_____	_____	_____
_____	_____	_____	_____

Add Session-Did You Already Add Using On-Line Registration-Yes or No?

Please "√" Camp/s You Wish To Add & Circle Desired Session/s Below

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"√"- If Desiring a Specialty Camp as Part of Your Request

N/A

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► N/A Yes **Extended Hours** Required? 1 2 3 4 5 6 7 8 9 10 11 12

N/A Yes **Bus Required-AM** Location? N S _____

PM (if different) N S _____

Please Mail To:

CCRI/Bayside Camp-P.O. Box 221 Crownsville, MD. 21032