

**WILLOW BOWLING 2010 EXTRA INNINGS**  
**July 26 – July 30**

The 2010 – 2011 school year begins the week of August 9th. Our last day of camp at Good Shepherd is Friday, July 23, two-weeks prior to the start of school. This does not seem to be a concern for the start of the summer; however, this does place a burden on several of our families regarding childcare for the fifteen-week days that we are unable to offer camp at Good Shepherd. This could cause some childcare issues for these days. What do you do? You can send your child (ren) to the EXTRA INNINGS CAMP.

One again, The Willow Bowling Center will be sponsoring a fifth season Extra Innings Camp, based out of the Willow Bowling Center. Current Good Shepherd Day Camp counselors will staff the camp. Mark Schuler will be the Camp Director for the two week program.

There is LIMITED enrollment for these special weeks, 36 campers is the maximum for each week

**Registration Forms:** Registration forms can be found on-line at:  
 gsparish.org >>> School >>> Organizations >>> Summer Camp 2010

**Activities:** Schedules will be available on-line May 1, 2010 at:  
 gsparish.org >>> School >>> Organizations >>> Summer Camp 2010  
 Note: Mondays and Thursdays will be SWIM DAYS.

**Food:** Lunches will be provided by Willow Bowling Center  
 {Options: pizza, grilled cheese, hot dog, stromboli, hamburger, cheeseburger} along with chips or fries

Snacks (morning and afternoon) will be provided by Willow Bowling Center

**Cost:** \$110.00 per camper per week, no discounts, no part-time – this is an inclusive fee  
 Make checks payable to Good Shepherd. This will allow bills to be paid in a timely manner.  
 Registration forms along with deposits can be mailed to:

Good Shepherd School Summer Camp  
 Attention: Mark Schuler  
 2301 N. Stockwell Rd.  
 Evansville, IN 47715

**Payment Schedule**

In order to properly plan, staff, and honor commitments of the program, please follow the payment schedule to ensure your child (ren) seat(s) in the Extra Innings Camp.

Payment Schedule	DEPOSIT (36 campers max. per week) Submit with registration form	Balance Due 1 week prior to the start of camp
<b>Week 1</b> <b>July 26 – July 30</b>	\$55.00 <u>Due date: prior to June 1</u> non-refundable	\$55.00 <u>Due date: prior to July 19</u>
<b>Week 2</b> <b>August 2 – August 6</b>	Cancelled	Cancelled

Registration forms: [www.gsparish.org](http://www.gsparish.org) >>>School >>> Organizations >>> Summer Camp 2010

# WILLOW BOWLING CENTER 2010 EXTRA-INNINGS REGISTRATION FORM

CAMPER'S NAME \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CAMPER'S BIRTHDATE \_\_\_\_\_ PRESENT GRADE IN SCHOOL SPRING '10 \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_ WK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_ WK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PLEASE LIST WHO TO CONTACT IN CASE OF AN EMERGENCY (LIST IN ORDER OF PREFERENCE)

1. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLEASE DISCUSS ALLERGIES, MEDICAL PROBLEMS, AND/OR PHYSICAL LIMITATIONS OF THIS CAMPER:

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IS CAMPER UNDER PHYSICIAN'S CARE AND/OR TAKING MEDICATION FOR CONDITIONS RELATED TO HIS/HER BEHAVIOR? \_\_\_\_\_

PLEASE DISCUSS CORRECTIVE ALTERNATIVE METHODS THAT HAVE BEEN THE MOST SUCCESSFUL WHEN HANDLING THIS CAMPER:

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PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU FEEL THE CAMP STAFF SHOULD KNOW ABOUT THIS CAMPER RELATING TO HIS/HER BEHAVIOR OR STATE OF MIND (EXAMPLES):  
(FEARS, ABILITY TO SHARE, REACTION TO HUNGER AND/OR FATIGUE, OVERALL NATURE, ETC.)

CAMPER'S PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CAMPER'S DENTIST \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

## WILLOW BOWLING CENTER 2010 EXTRA-INNINGS

APPLICATION WILL BE DATED UPON ARRIVAL AND PROCESSED IN ORDER. WILLOW BOWLING CENTER EXTRA-INNINGS ENROLLMENT IS LIMITED TO 36 CAMPERS PER INNINGS.

THE CAMP IS A ONE-WEEK EXTRA INNINGS AND IS PRICED ACCORDINGLY. THE COST IS **\$110.00** FOR AN INNING, TWO - ONE WEEK sessions. THERE WILL BE NO DISCOUNTS. THIS RATE INCLUDES LUNCH AND SNACKS

A NON-REFUNDABLE PAYMENT OF \$110.00 PER CAMPER IS REQUIRED FOR EACH INNING

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ FEE(S) RECEIVED \$ \_\_\_\_\_

PLEASE ENROLL MY CHILD IN THE FOLLOWING:	Deposit	Balance
INNINGS I (JULY 23 – JULY 30) _____	\$ _____	_____
INNINGS II (AUGUST 2 – AUGUST 6) _____	\$ _____	_____
TOTAL COST:	\$ _____	_____
TOTAL AMOUNT DUE:	\$ _____	_____

NOTE: BALANCE IS DUE, ALONG WITH THIS APPLICATION, ONE WEEK PRIOR TO FIRST DAY OF YOUR INNING.

I GIVE MY PERMISSION FOR \_\_\_\_\_ TO ATTEND THE WILLOW BOWLING CENTER EXTRA-INNINGS. I CONSENT (IN CASE OF EMERGENCY) TO ANY NECESSARY EXAMS, ANESTHETIC, MEDICAL DIAGNOSIS, SURGERY, AND/OR HOSPITAL CARE TO BE RENDERED TO THE ABOVE NAMED MINOR UNDER THE ADVICE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE OF INDIANA. MY CONSENT IS VALID FOR THE PERIOD BEGINNING JULY 26, 2010 AND ENDING AUGUST 6, 2010.

FURTHER, I PREFER TO HAVE THIS CHILD TRANSPORTED TO \_\_\_\_\_  
(NAME OF MEDICAL FACILITY) FOR DIAGNOSIS AND/OR TREATMENT

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_