



Vacation Camp

Dec. 27-30, 2010

Feb. 21-25, 2011

Apr. 18-22, 2011

Two Daily Sessions: 9am-4pm or 9am-12pm

Half Day Cost:

\$35 AIF Kingsbury Kid, \$45 non-members

Full Day Cost:

\$70 AIF Kingsbury Kid, \$90 non-members

When school is out there's lots to do at the Kingsbury Club Vacation Camp for ages 6-12. Join us for swimming, fitness, and more.

Register for a morning session or have lunch and stay for a full day. For more information call Amy Lowe at 781.585.3883.



Kingsbury Club Vacation Camp Application

Camper's Name _____ Date of Birth _____ Age _____
 Address _____ Town _____ State _____ Zip _____
 Parent or Guardian _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____

Check **one** for each day you are planning to attend:

Day	9am-12pm		Full Day		Total
	AIF Kingsbury Kid	Non-members	AIF Kingsbury Kid	Non-members	
December 27	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
December 28	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
December 29	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
December 30	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	

Day	9am-12pm		Full Day		Total
	AIF Kingsbury Kid	Non-members	AIF Kingsbury Kid	Non-members	
February 21	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
February 22	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
February 23	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
February 24	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
February 25	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	

Day	9am-12pm		Full Day		Total
	AIF Kingsbury Kid	Non-members	AIF Kingsbury Kid	Non-members	
April 18	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
April 19	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
April 20	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
April 21	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	
April 22	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70	<input type="checkbox"/> \$90	

■ Make sure your child has a bathing suit, towel and sneakers.

Membership Type: AIF Kingsbury Kid Non-Member

Payment Method: House Charge Check

Credit Card Type/Card Number _____ Exp.Date _____

Payment Authorization _____

Are there any medical conditions or restrictions we should be aware of? If yes, please explain: _____

I accept fully that the Kingsbury Club, its shareholders, directors, officers, employees, representatives and agents cannot be held responsible for any and all loss, claim, injury, damage, or liability sustained or incurred by my child during their participation on premises or off.

In the event I cannot be reached in an emergency, I hereby give permission for the Kingsbury Club to secure proper treatment for my child.

Parent/Guardian Signature _____