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2008 Summer Camp Registration Form

Please Complete One Form Per Participant Registering & Mail to the Address Above

PARTICIPANT INFORMATION (Please Print)

First Name	Middle Name	Last Name
Street Address		City / State / Zip Code
Age _____	Date of Birth _____ Mo / Day / Yr	
Name of School Attended Last Year: _____		Grade Entering: _____
Shirt Size (please circle the appropriate size):		
Youth Medium	Youth Large	Adult Small
Adult Medium	Adult Large	Adult X-Large

Check one: _____ I am a Member of the DNA EpiCenter. _____ I am not a Member of the DNA EpiCenter.

_____ Expiration Date of Membership
Month/Year

MOTHER'S / PRIMARY GUARDIAN'S INFORMATION (Please Print)

Mother/Guardian Full Name	
Home e-mail address _____ @ _____	Work e-mail address _____ @ _____
Place of Employment: _____	Work Phone: (_____) _____ - _____
Cell Phone: (_____) _____ - _____	Home Phone: (_____) _____ - _____

FATHER'S / SECONDARY CONTACT INFORMATION (Please Print)

 Father/Guardian Full Name

_____ @ _____
 Home e-mail address

_____ @ _____
 Work e-mail address

Place of Employment: _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Home Phone: (____) _____ - _____

HOW DID YOU HEAR ABOUT US? (Please Print)

Newspaper Which one? _____

Word of Mouth Who? _____

Radio Which station? _____

Website

Brochure From where? _____

Other Please explain _____

Program Name	Program Date *	Program Cost
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
Total Amount for Registration		\$
Membership Discount (10%)		\$
TOTAL Amount		\$

* Where applicable, be certain to select the correct program for the age of your child.

Enclosed is my check payable to the DNA EpiCenter, Inc. in the amount of \$ _____