



PO Box 545  
Keene, NH 03431  
341 State Rte 9  
Roxbury, NH 03431  
www.granitegorge.com  
603-358-5000 fax: 358-5011  
email: info@granitegorge.com

## 2010 VACATION WEEK DAY CAMP PROGRAM REGISTRATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (MUST be at least 5 yrs)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Boot Size: \_\_\_\_\_

School: \_\_\_\_\_ SKI \_\_\_\_\_ SNOWBOARD \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name, Relationship and Phone Contact)

My child will participate in day camp on the following day(s)

Tuesday 2/16 \_\_\_\_\_ Wednesday 2/17 \_\_\_\_\_ Thursday 2/18 \_\_\_\_\_  
Tuesday 2/23 \_\_\_\_\_ Wednesday 2/24 \_\_\_\_\_ Thursday 2/25 \_\_\_\_\_

COST - \$75 PER DAY / WITH RENTALS \$90 PER DAY

TOTAL COST \_\_\_\_\_

PAYMENT WILL BE MADE: circle one & submit with registration form

CASH      CHECK      MASTERCARD      VISA  
(Checks payable to Granite Gorge, LLC)

CARD # \_\_\_\_\_

SECURITY CODE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

Thank you!