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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!