

**Summer Days 2009 Application**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone (day)

\_\_\_\_\_  
Phone (evening)

\_\_\_\_\_  
e-mail

Choose Preferred Session:

Session 1: June 15-18, 2009

Session 2: June 22-25, 2009

If my chosen session is full, I would consider a different session

Please send this completed form with a \$100 deposit to:

**Summer Days**

**PO Box 192**

**Church Hill, MD 21623**