

**Dan Cosgrove Animal Shelter  
Animal Camp Form: 2020**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_ State: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Please write down an email where we can reach you in case we need to notify you of any changes to camp\*\* (i.e. inclement weather, notices)**

The cost for camp is \$200 per child per session. Campers must be at least 6 years old and the maximum age is 11. **\*\*\*No refunds unless of an emergency (Sick, Injured- Note required)\*\*\***

**\*\*\*Children will not be considered registered until a payment has been received in full\*\*\***

**Check off weeks you will be registering for\***

**June 22<sup>nd</sup>-27<sup>th</sup> \_\_\_\_\_ July 13<sup>th</sup>-17<sup>th</sup> \_\_\_\_\_ July 27<sup>th</sup>-31<sup>st</sup> \_\_\_\_\_ August 10<sup>th</sup>-14<sup>th</sup> \_\_\_\_\_**

Accepted payments:      Check    PayPal/Credit Card

Paypal/Credit Card payments can be completed at [www.branfordanimalshelter.org](http://www.branfordanimalshelter.org) Please click on Donate and follow the steps from there.

**\*If paying by PayPal/Credit Card, please make a note indicating it is for Animal Camp in the special instructions option.\***

Please mail or bring check payments to Dan Cosgrove Animal Shelter 749 East Main St. Branford, CT 06405 Attn: Animal Camp \*  
**Please include both your registration form and medical form with your check. Check will not be accepted without forms.\***

Please check all that apply:

- I have paid in full by Check or PayPal/Credit Card.
- I understand that my child will not be registered until I have paid in full.
- I understand there is a \$10 fee due immediately upon pick up for every 10 minutes after pick up time at 3:00pm

Please bring this registration form to the Dan Cosgrove Animal Shelter office or email it to [dbuffone@branford-ct.gov](mailto:dbuffone@branford-ct.gov) or [brittany.L.sullivan96@gmail.com](mailto:brittany.L.sullivan96@gmail.com).

By signing this form, the parent(s)/ guardian(s) and your child agree that you have read all the rules and regulations governing the Dan Cosgrove Animal Shelter Animal Camp and that all information is correct and that you will abide by all the rules set forth.

Parent/Guardian Signature: \_\_\_\_\_ Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Received: _____ Staff Initials: _____ Date Received: _____
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