

# 2009 Summer Camp at Victory Academy

1015 Ekstam Drive, Bloomington, Illinois 61704

For Information call (309) 662-4927 or e-mail [snaber.victoryacademy@verizon.net](mailto:snaber.victoryacademy@verizon.net)

- **Gymnastics/Tae Kwon Do** June 8 to August 7, 2009
- **Crafts/Games** Monday through Friday
- **Pizza Served Every Wednesday** (Mon/Tues/Thurs/Fri - Sack Lunch)
- **Different Themes Every Week** 9:00 a.m. to 4:00 p.m.
- **Great Staff/Great Leaders** Ages 5 and up

Pick Your Weeks	Price Per Week	Summer Camp Deadlines	<b>A minimum of 12 campers is needed to run each camp!!!</b>
1 - 8 weeks	\$125.00	June Camps and Nine Week Campers 5/1/09	
<b>All 9 weeks</b>	<b>\$105.00 (\$945.00)</b>	<b>July Camps - 6/1/09</b>	

WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9
<b>Wild West</b>	<b>Drama</b>	<b>Pirate</b>	<i>Castle</i>	<b>Spy</b>	<b>SUPER HERO</b>	<i>Around the World</i>	<b>CIRCUS</b>	Rainforest Jungle
June 8 <sup>th</sup>	June 15 <sup>th</sup>	June 22 <sup>nd</sup>	June 29 <sup>th</sup>	July 6 <sup>th</sup>	July 13 <sup>th</sup>	July 20 <sup>th</sup>	July 27 <sup>th</sup>	August 3 <sup>rd</sup>
YES or NO	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ M / F \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

In the event the parents named above cannot be reached during an emergency involving the above named participant, I give my permission to Victory Academy staff to secure all necessary and required medical treatment. I give my full permission to participate in Victory

Academy programs. The participant's parent/guardian(s) agree that Victory Academy instructors, volunteers and chaperones will not be held responsible for any accident or losses, however caused and agree to release all parties involved from claim of damages that may arise as a result of or by reason of such loss or accident. I am of the understanding that every reasonable precaution will be taken to ensure the safety of the above named participant.

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PARENT/GUARDIAN SIGNATURE

DATE

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CASH / CHECK

AMOUNT

CHECK OR RECEIPT #

RECEIVED BY