Oglebay Institute
Inspiring the Imagination

Summer Day Camps 2008 Registration Form

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Male: ❑ Female: ❑ Birth date and grade entering this fall: _____

Please list the camp name & week your child will be attending camp.

Camp Name	Location	Week Attending	Price
			Total

❑ I am interested in Post-Care at an additional cost.

❑ Yes, I am an Oglebay Institute Member

OI Member Number: _____

❑ check enclosed (payable to Oglebay Institute) ❑ charge to: ❑ VISA ❑ MasterCard

Name on Card: _____

Card Number: _____ cvv2#: _____
(found on back of card)

Expiration Date: _____

Signature: _____

Please mail completed registration form and payment to:

Oglebay Institute Summer Day Camps
1330 National Road, Wheeling, WV 26003

or fax to: 304.242.7747

Camp Weeks 2008
Week 1: June 9 - 13
Week 2: June 16 - 20
Week 3: June 23 - 27
Week 4: July 7 - 11
Week 5: July 14 - 18
Week 6: July 21 -25
Week 7: July 28 - Aug.1
Week 8: August 4 - 8
Week 9: August 11 -15