

Foster City Parks & Recreation Department Presents

# FUNtastic Fall Camp

The FUN doesn't have to stop after Summer!

The Camp Staff has been busy planning for our **NEW** FUNtastic Fall Camp. Spend your Fall Intersession with us playing fantastic sports and outdoor games, fun-filled art projects, and jam-packed days to keep your camper busy all day long!

Sign up at the Recreation Center *today!* Spaces are limited.



Session I: October 12, 2015 - October 16, 2015

Activity #205702-A1 | Regular Care 9:00am - 4:00pm | Fee: \$190

Activity #205702-A2 | Regular Care + Extended Care 7:30am-9:00am & 4:00pm-5:30pm | Fee:\$230

**For Grades K - 8th**



For more information, contact **Ben Dieterle, Recreation Coordinator,**  
at (650) 286-3387 or [bdieterle@fostercity.org](mailto:bdieterle@fostercity.org)

# FUNtastic Fall Camp (Grades K-8th)

FUNtastic Fall Camp Dates <i>Act. # 205702-A1</i>	Regular Camp Mon. - Fri. 9am - 4pm	Extended Care Mon. - Fri. 7:30am - 9am & 4pm-6pm	Non Resident Fee	REGISTRATION TOTAL
Session 1 ♦ 10/12-10/16	Section A1 \$190 ○	Section A2 \$40 ○	\$10 ○	

## FALL CAMP REFUND POLICY

**Full Refunds:** Full refunds, minus a \$10 administrative fee per activity #, will be granted for requests submitted five (5) business days prior to the start of the program.

**Partial Refunds:** Partial refunds\* will be granted for requests submitted four (4) business days or less prior to the start of the program. \*25% of registration fee and a \$10 administrative fee per activity # will be assessed per program refunded.

**No Refunds:** Requests for refunds received *after* the start of the camp session will be denied unless they fall under the Satisfaction Guarantee Policy.

A \$10 administrative fee per activity # will be deducted from all refunds that do not fall within our Satisfaction Guarantee Policy.

For additional information, visit us online at [www.fostercity.org](http://www.fostercity.org)

I have read and understand the Camp Refund Policy

Inclusion Services Requested

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D/O/B: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK #: \_\_\_\_\_ HOME #: \_\_\_\_\_

**Recreation Staff must be notified by October 1, 2015 to request reasonable accommodations for Fall Camp.**

I hereby agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which may arise as a result of my participation in the above activities. In the event that the above named participant is a minor I hereby give my permission for his/her participation in the above listed activities and also agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which

**I hereby authorize the use of my MasterCard or Visa account.** PRINT NAME AS IT APPEARS ON CARD: \_\_\_\_\_  
Signature: \_\_\_\_\_ Expiration Date (00/00): \_\_\_\_\_