

CAMP VAMONOS!

Camp Vamonos! Application and Consent Forms

Child's name: _____
Age: _____ Birthdate: _____
Address, City, State & Zip: _____
Name of parent(s)/guardian(s): _____
Parent's/guardian's cell phone(s): _____
Home phone(s): _____ Work phone(s): _____
Email addresses: _____

Select dates of attendance:

Summer Camp 2025

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> June 2-6 | <input type="checkbox"/> June 30 - | <input type="checkbox"/> July 28 -Aug 1 |
| <input type="checkbox"/> June 9-13 | July 4 | <input type="checkbox"/> Aug 4-8 |
| <input type="checkbox"/> June 16-20 | <input type="checkbox"/> July 7-11 | |
| <input type="checkbox"/> June 23- 27 | <input type="checkbox"/> July 14-18 | |
| | <input type="checkbox"/> July 21-25 | |

Call (512) 770-7789 to enroll or for information.

Deposits are due upon registration

Drop off or mail forms to

Camp Vamonos! c/o Megan Baker
6919 Reese Lane, Austin, TX, 78757

Please contact Megan Baker at (512) 770-7789 or megaritob@gmail.com if you have questions or to discuss payment plans.