

Big Foot Summer Day Camp Calendar

Name of Child: _____ Phone Number: _____

Please fill out **one sheet for each child** participating in the program. Payment must be turned in with this calendar.

Camp hours: 8:00 am-4:00 pm Extended Care: 4:00-5:00 pm

Please put the correct symbol/letter in each day you plan to attend:

✓ **Daily:** **Extended Care:** EC

Week #	Monday	Tuesday	Wednesday	Thursday	Friday
1	17 June	18	19	20	21
2	24	25	26	27	28
3	1 July	2	3	4 No Camp Happy 4th of July	5 No Camp Happy 4th Weekend
4	8	9	10	11	12
5	15	16	17	18	19
6	22	23	24	25	26
7	29	30	31	1 August	2
8	5	6	7	8	9
9	12	13	14	15	16

Daily \$45 X ____ days = \$ ____

Extended \$8 X ____ days = \$ ____

Care

Total = \$ ____



Checks can be made out to Big Foot Recreation.
If you have any questions, please call 262-275-2117