

Riverside Discovery Center
Summer Registration

Name _____

Age _____ Grade completed this year _____

Address _____

Home Phone _____

Parents Names _____

Wk/cell Phone _____

Camp registering for _____

T-shirt size

Y 6-8 _____ Y 8-10 _____ Y 10-12 _____
Y 14-16 _____ A small _____ A med _____
A lg _____

Registration fees _____

If you are an RDC member -\$5.00

Total enclosed \$ _____

Parent Signature _____

Date _____

Mail to : RDC
PO Box 2321
Scottsbluff, NE 69363

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