

IAJHSC Summer Leadership Camp School Registration Form

Return postmarked by April 25th to: David Nenn
IAJHSC Summer Leadership Camp Director
116 Gum Street
New Lenox, IL 60451

Deposit required to reserve spaces: \$50.00 for each space

Please make checks payable to: IAJHSC

School Name _____

School Address _____

street

city

zip code

School Phone (_____) _____ - _____

School Fax (_____) _____ - _____

Student Council Advisor _____

Advisor's Home Phone (_____) _____ - _____

E-mail address _____

2nd E-mail address _____

Date of Last Day of School for the 2007-2008 year _____

Please reserve: _____ Spaces @ \$50.00 each.

Amount enclosed \$ _____

Advisor's Signature _____

Date _____