



## SPRING BREAK 2010 REGISTRATION FORM

140 E Park Ave. Lake Wales, FL 33853 863-676-6678

- Monday, March 29 all day experience at Kissimmee State Park  
Morning – work project Afternoon – hike, play, or canoe  
Continental Breakfast & Full Lunch provided  
**7:45 AM – meet at Toy World (205 Park Ave., Lake Wales)**  
**8:15 AM – leave for KSP 4:30 – return to Toy World**
- Tuesday, March 30 **7:00 PM** – special concert at toy world  
Cover charge to benefit Haiti
- Wednesday, March 31 morning work project @ Bok Tower  
Continental Breakfast & Full Lunch provided  
**8:00 AM – meet at Toy World (205 Park Ave., Lake Wales)**  
**8:30 AM – leave for Bok Tower 1:30 – return to Toy World**
- Thursday, April 1 Movie & Game Night @ Toy World  
**6:00 – 11:00 – Toy World Open**  
**8:30 – Movie**
- Friday, April 2 **7:00 – 11:00** - Regular Coffee House @ Toy World

*Registration Form needed to participate in Work Projects*  
*COSTS: Mon - \$10 / Tue - \$5 / Wed - \$5*  
*Or \$18 for all 3*  
*Thursday & Friday - FREE*

NAME \_\_\_\_\_ Male Female

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ 09/10 SCHOOL GRADE \_\_\_\_\_

CHURCH YOU REGULARLY ATTEND \_\_\_\_\_

EMERGENCY CONTACT PERSON(S)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phones \_\_\_\_\_

Your child's photograph may be used in future Care Center publications.

I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician and/or other necessary health care provider to provide the care necessary, including anesthesia, for my child's well-being. I (we), also, do hereby release and discharge the Lake Wales Care Center, Inc. their employees, volunteers, sponsors, and all personnel involved in organizing and operating this work camp from all claims arising from my child's participation.

Parent or Guardian: \_\_\_\_\_

(sign)