

Vision Learning Center
Registration Form
CHINMAYA SUMMER CAMP

July 6th through August 14, 2009

Camp Location: Vision Learning Center
11537-A Nuckols Rd. Glen Allen, VA 23059

Your Name (last, first and middle initial) _____

Your Telephone Number: _____ Fax Number _____

Your e-mail Address: _____

Your Mailing Address: _____

Are you a member of Chinmaya Mission Richmond? _____

Children's Information

Name	Age

Emergency Contact Name: _____

Phone No: _____

Allergy Information if any: _____

Registration for Dates: _____

Cost: \$125 per week or \$35 per day

No Registration Fee will be charged up to June 29, 2009.

\$ 50 Registration fee will be charged after June 29, 2009.

Make Checks Payable to "Chinmaya Mission Richmond" and mail it to 3712 Milshire Pl. Richmond, VA 23233.
Registration will only be confirmed after the payment check is received

For Information call Mina Bhatt at (804) 364 – 1396 or E Mail: minaneil@comcast.net