***This Spring!***

**Archery!!**

* ***Ages 7+ –***

***Each Child session $15***

***Parent/Child session $20***

***Are you new to Archery?***

***or***

***Have you experienced Archery and want more opportunities to use a bow and arrow?***

***Come join us for a favorite Burn Brae Day Camp activity with our professional archery teacher - Anne Margaret O’Malley!***

**2016 ARCHERY Sessions**

**at Burn Brae Day Camp!!**

**Child Drop-Off Sessions *(drop-ins welcome)***

**Sundays: April 17th, April 24th, May 22nd**

**Hours: 1:00 to 2:00 pm or 2:00 – 3:00 pm**

**Parent and Child Sessions**

**Saturday: May 21st**

**Hours: 3:00 – 4:00 pm**

***Ask about our Archery birthday parties!!***



*Equipment provided.*

*Questions? Call 215-657-3388 or* *burnbraedaycamp@aol.com*

*Make checks payable to “Burn Brae Day Camp” and mail to: Burn Brae 1405 Twining Rd, Dresher, PA 19025 or call with a credit card*

**Child Only Session(s) 2:00 – 3:00:**

*(Sundays)*

April 17th \_\_\_\_ $15

April 24th \_\_\_\_ $15

May 22th \_\_\_\_ $15

**Parent/Child Session 2:00 – 3:00:**

*(Saturday)*

May 21st

\_\_\_

$20

**Child Only Session(s) 1:00 – 2:00:**

*(Sundays)*

April 17th \_\_\_\_ $15

April 24th \_\_\_\_ $15

May 22th \_\_\_\_ $15

**Burn Brae Day Camp - ARCHERY Enrollment Application Spring 2016**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy\_\_\_\_ Girl\_\_\_\_

Child’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’/Guardians’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Cell Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_