



Tween Adventure 2010 with Field Trips



Designed specifically for kids entering 5th to 6th Grade

This program is specifically tailored to appeal to this age group. Participants will have the flexibility to choose only those activities which they prefer. Choose from gym games, outdoor sports, art and science projects, water games, themes days, and introducing one field trip per week! Field trips are planned for each Wednesday. They will depart from camp location at 9am and return at 4pm.

Supervisors are State licensed teachers, CPR certified, and Epi-pen trained. Camp meets or exceeds the state mandated Instructor/ Participant ratios 1:7. Staff is primarily collage aged with many years of counselor experience.

LOCATION: TBD

AGES: Entering 5th and 6th grade

HOURS: 9am to 1pm Monday through Friday
9am to 4pm Wednesday Field Trips Optional

COSTS: **Tween Adventure:** Early Bird Rate: Register from March 1 to April 30: \$115/week
Tween Adventure: Regular Rate: after April 30th \$125/week

Fee includes lunch hour. Lunch is from 12 to 1pm and is a time for fun and socializing with friends with planned picnics and walks to local eateries. Parents have the option to provide spending money for lunch or send a brown bag lunch (peanut free!).

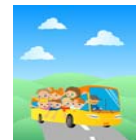
Field Trip Option*: Early Bird rate: Register from March 1 to April 30: \$30/trip

***FOR TWEEN ADVENTURE CAMPERS ONLY**

Regular Rate: After April 30: \$40/trip



Tween Adventure Weeks	Field Trip Location
Week 1: June 28 to July 2	Funway
Week 2: July 6 to July 9 (prorated).....	Kimballs Farm
Week 3: July 12 to July 16.....	Bourne Amusements
Week 4: July 19 to July 23.....	Mohawk Trail Zip Line
Week 5: July 26 to July 30.....	Water Wizz
Week 6: August 2 to August 6.....	Water Country
Week 7: August 9 to August 13	Canobie Lake



Registration Form on Reverse Side

For questions email pfagan@southboroughma.com or call 508-229-4452



REGISTRATION FORM

Tween Adventure 2010



Participant Information:

Participant Name: _____
 D/O/B _____ Age: _____ Grade entering Fall 2010: _____
 Address: _____ Home Phone: _____
 Email: _____

Emergency Information:

Name of Parent _____
 Number where parent can be reached at all times: _____
 Who do you authorize to pick up your child in your absence:
 1. _____ Phone # _____
 2. _____ Phone # _____

Special Circumstances:

Allergies/Medical Concerns/ Special Concerns/ List any information that may be helpful to our staff when working with your child (attach additional sheet if necessary).

Circle Playground choices (Early Bird rates in red apply if register from March 1 to April 30)

Week	1 6/28-7/2	2 7/6-7/9	3 7/12-7/16	4 7/19-7/23	5 7/26-7/30	6 8/2-8/6	7 8/9-8/13	Total
Fee	\$115/\$125	\$92/\$100	\$115/\$125	\$115/\$125	\$115/\$125	\$115/\$125	\$115/\$125	
Fieldtrip Wed only	\$30/\$40	\$30/\$40	\$30/\$40	\$30/\$40	\$30/\$40	\$30/\$40	\$30/\$40	

Make checks payable to Southborough Recreation. **No Refunds.**

A credit, however, may be applied to another week (or weeks) of Playground ONLY.

I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation staff to seek medical care in the event I cannot be reached. (All participants in any town recreation program must complete this waiver.)

Signature Parent/Guardian _____ Date _____

For Office Use Only

Date Rcd. _____ Check # _____ Amount \$ _____