

# JCC Youth Programs...Fill-In-The-Gaps

Grades K-6.....9 am-3 pm



Members

## Adventure Day

Non-Members

**Friday, October 9, 2009**

### COME JOIN US FOR A DAY OF ADVENTURES!!

The day will consist of wall climbing, hiking, making our own trail mix for snack, and some neat art projects. Wall climbing is optional and we will have another option if you choose. All climbers must wear sneakers.

**DON'T FORGET TO BRING YOUR LUNCH, SWIM, AND GYM GEAR.**

Fee: \$31/M \$41/NM.....16-fig-1009

Extended Day:

8:00 - 9:00 am - \$4/M, \$6/NM

3:00 - 5:30 pm - \$10/M, \$15/NM



Questions? Dave LaChapelle, Youth Director, x 231 or [dlachapelle@worcesterjcc.org](mailto:dlachapelle@worcesterjcc.org)  
Jewish Community Center, 633 Salisbury Street, Worcester, MA 01609...[www.worcesterjcc.org](http://www.worcesterjcc.org)

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age, disability or economic condition.  
The Center is handicapped-accessible. We reserve the right to correct typographical errors.

**REGISTRATION:** Please complete the following and return, with payment, (no refunds unless cancelled by the JCC) to the JCC, 633 Salisbury St., Worcester, MA 01609. You can also drop it off at the kiosk, or fax to the JCC 508-754-3373.

**REFUND POLICY:** Refund/credit to account shall be allowed, less a \$25 administration fee, for all cancellations or changes by participant, if notice of cancellation or change is received by the JCC office before the starting date of the program. Full refund/credit shall be made in the event an activity is cancelled by the JCC due to insufficient registration - "Fall Adventure Day- 10/9/09"

Child's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Member/Fri., Oct. 9/16-fig-1009

Nonmember/Fri., Oct. 9/16-fig-1009

AM extended day

PM extended day

Cash  Check  M/C  Visa Debit/Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I allow the JCC to give my child medical treatment should a medical emergency occur.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_