

Child's Name: _____

Child's Skate Track: _____

Date Submitted: _____

June 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12 <i>First day of camp</i>	13	14	15 NO CAMP	16 NO CAMP	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

****Please indicate all days your child will be in attendance. If your child will need additional care following skate camp, please mark HD on those dates; otherwise it will be assumed your child will be picked up at the end of camp. Any changes to your child's schedule must be submitted one week prior to the week of care. Changes can be made via email**

(ktwigg@plprairiewi.com) (kluburich@plprairiewi.com)

Child's Name: _____

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July 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4 NO CAMP	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24 NO BASIC SKILLS TRACK	25 NO BASIC SKILLS TRACK	26 NO BASIC SKILLS TRACK	27 NO BASIC SKILLS TRACK	28 NO BASIC SKILLS TRACK	29
30	31					

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Child's Name: _____

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August 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18 <i>Last day of camp</i>	19
20	21	22	23	24	25	26
27	28	29	30	31		

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