

CITY OF PIEDMONT
DEPARTMENT OF RECREATION
SUMMER SCHOOLMATES: BEACH
(510) 420-3077

NAME _____
GRADE IN FALL 2010 _____
NAME OF PARENT _____
PERSON AUTHORIZED TO PICK UP _____
NAME OF SCHOOL WHERE CHILD ATTENDS _____

- A (1/2) 7:30 - 8:00AM
- B 8:00 - 9:00AM
- C 9:00 - 10:00AM
- D 10:00 - 11:00AM
- E 11:00 - 12:00AM
- F 12:00 - 1:00PM
- G 1:00 - 2:00PM
- H 2:00 - 3:00PM
- I 3:00 - 4:00PM
- J 4:00 - 5:00PM
- K 5:00 - 6:00PM

SESSION 2: JULY 19TH – AUGUST 20TH 2010*

-PAYMENTS DUE UPON SUBMISSION OF CALENDAR -

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7/19	7/20	7/21 SWIM AT REC: 1:00 – 4:00	7/22	7/23 PIZZA PARTY! <input type="checkbox"/> \$5.00 FEE
7/26	7/27	7/28 SWIM AT REC: 1:00 – 4:00	7/29	7/30 PIZZA PARTY! <input type="checkbox"/> \$5.00 FEE
8/2	8/3	8/4 SWIM AT REC: 1:00 – 4:00	8/5	8/6 PIZZA PARTY! <input type="checkbox"/> \$5.00 FEE
8/9	8/10	8/11 SWIM AT REC: 1:00 – 4:00	8/12	8/13 PIZZA PARTY! <input type="checkbox"/> \$5.00 FEE
8/16	8/17	8/18 SWIM AT REC: 1:00 – 4:00	8/19	8/20 PIZZA PARTY! <input type="checkbox"/> \$5.00 FEE

*Activities subject to change

Check the time blocks needed and the coded letters and place into the appropriate calendar date boxes above. Add the number of letters you have placed through the entire calendar. Multiply this number by the rate that applies to you. If you are interested in participating in Pizza Party Fridays, please check boxed dates and add total below.

# of letters _____	x \$5.75 RESIDENTS ONLY	= Total _____	Pizza Party Fridays!!! (\$5.00 Fee per Party) LUNCH TOTAL _____	\$ _____ OVERALL TOTAL
	x \$7.75 NON RESIDENTS	= Total _____		
For days where total use is 4 hours or more:				
# of letters _____	x \$5.50 RESIDENTS ONLY	= Total _____		

NO CASH CAN BE ACCEPTED FOR PAYMENT. Please return calendars as soon as possible. Drop-ins are accepted on a space availability basis with 24 hour advance notice at \$7.75 per hour OR PURCHASE AN 18 DROP-CARD at \$7.00 per hour.

Parent's Signature _____

Date _____

CHARGE TO MY _____ M/C _____ VISA _____ AMEX _____ CARD # _____ EXPIRATION DATE: _____ AUTHORIZED SIGNATURE _____	*Card numbers NOT kept on file Please provide credit card number
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