



CAMP COCCINELLE

JULY 22- 26
9AM - 1:30PM



ALEXANDER CARR
PARK LODGE

FOR RISING K TO 5TH GRADE!

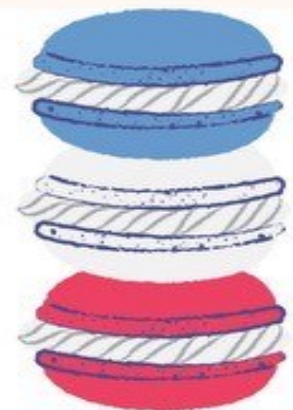


**EMBARK ON A FRENCH
ADVENTURE THIS SUMMER
@ CAMP COCCINELLE:**

- FRENCH LANGUAGE**
- DELICIOUS FRENCH
CUISINE**
- CULTURAL EXPLORATION**
- ARTS AND CRAFTS
AND MORE!**

**\$150/DERRY RESIDENT
\$170/NON RESIDENT**

**REGISTER WITH DERRY
PARKS & RECS
UNTIL JULY 1ST**



**CONTACT DERRY PARKS & REC FOR
ADDITIONAL INFORMATION
603-432-6136
DERRYRECREATION@DERRYNH.ORG**



2024 CAMP COCCINELLE
DERRY PARKS & RECREATION DEPARTMENT

31 WEST BROADWAY, DERRY, NH 03038

PHONE : 603-432-6136

NAME:

ADDRESS:

TOWN:

STATE:

ZIP CODE:

PHONE:

ALT. PHONE:

D.O.B.

GENDER:

GRADE:

EMAIL:

PARENT(S)/GUARDIAN(S) NAME(S) & D.O.B.

Does the participant have any special needs, allergies, or concerns that the counselors/staff should be aware of?

Please circle the correct t-shirt size for your child:

YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE	ADULT SMALL	ADULT MEDIUM	ADULT LARGE
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Grab your passport and travel to beautiful France! Camp Coccinelle is led by two local teachers, Madame JoAnn and Madame Eleanor, and they are excited to embark on this adventure with you. At Camp Coccinelle you will learn the French language, try delicious French cuisine, navigate cultural exploration, and arts and crafts galore! Registration is \$150.00 for Derry Residents and \$170.00 for non-residents. Registration is open until full or by July 1st.

WAIVER

Participation in this sport/activity may involve risk of injury. As a parent/guardian/participant I am aware of these hazards and of the ability to participate. In consideration for participation in this program, I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims against the Town of Derry, Derry School District, its officers, employees, agents, volunteers, supervisors from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity/sport. The above named cannot be responsible for any aggravation or injury caused as result of pre-existing physical disabilities; including but not limited to allergies. The Parks & Recreation Department will be notified of any such special needs or sensitivities in writing prior to enrollment in this program. I understand the cancellation/refund policy of the Parks & Recreation Department. The Department encourages you to carefully consider your schedule prior to registration. No fee will be refunded after the program has begun. Credits may be applied toward future programs for use up to one year from issuance. This policy is strictly enforced thereafter.

PARENT/GUARDIAN SIGNATURE

DATE

RECREATION EMPLOYEES ONLY:

EMPLOYEE INITIALS: _____

CASH/CREDIT CARD/CHECK

CHECK #: _____

AMOUNT: _____