

**REGISTER TODAY**

# Best of the Basics

Thursday January 8<sup>th</sup>, 2009

Rolling Meadows Park District  
3000 W. Central Rd., Rolling Meadows, IL 60008  
Whole Day-9:00 am – 3:15 pm (lunch included)  
Half Day-9-11 :30 or 12-3 :15 (no lunch)  
Registration begins at 8 :30 am.

.5 CEUs Available, Pending Approval  
Presented by: IPRA School Age/Day Camp Committee



Professional  
Development Sponsor:



Send new ,inexperienced camp directors or supervisors in the morning, experienced in the afternoon. Or you can enjoy a whole day of fun and information! The American Camp Association will present proven ideas and techniques in areas such as programming, field trip ideas, behavior management, inclusion,and successful staffing in regards to accreditation, team building,and training for returning staff. There will be some round table time to get specific questions answered. Handouts include programming ideas and a “Day Camp Operations Handbook”.

\* MARC card is available only to IPRA Professional Members and Commercial Members to use toward discounts on selected IPRA education and events. The MARC card is available for one-time use and has a value of up to \$50.

**Questions?** Please contact Sandra Thompson, Crystal Lake Park District 815-459-0680 [sthompson@crystallakeparks.org](mailto:sthompson@crystallakeparks.org)

## Registrant Information (Please complete all fields legibly to ensure proper enrollment - please notify IPRA if your information changes)

- IPRA Professional Member    IPRA Advocate Member    IPRA Student Member    IPRA Commercial Member    Currently not an IPRA Member

Name \_\_\_\_\_

Job Title \_\_\_\_\_

- CPRP    PPRP    APRP    CTRS    Other \_\_\_\_\_    Section \_\_\_\_\_

Agency/School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Acct. Code: 43-550-5110-999-4590

- Check *(payable to IPRA)* \_\_\_\_\_    Purchase Order \_\_\_\_\_    MC    VISA

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Signature \_\_\_\_\_

### DEADLINES & FEES

Deadline: December 31<sup>st</sup>,2008

Whole Day-Non-Member Fee:	\$ 30
Member Fee:	\$ 25
Half day-Non-member Fee:	\$15
Member Fee:	\$12

MARC Credit:  Yes  No      (- \$    )\*

\*credit amount equal to the cost of the workshop

Total Amount Due: \$ \_\_\_\_\_