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SIT, STAY, READ SUMMER READING ADVENTURE CAMP

Does your child like to read or just need to maintain the skills they have to start the next grade? This may be the camp for your child!!!

Space will be limited to 10 students per session.

Registration forms can be mailed to the address listed below or emailed to bentleysbuddiesandfriends@email.com.

Cost for the camp is by donation. The children will leave with a book, craft, snack, and the inspiration that they can make a difference in a life of a human or animal.

June 4, Register by June 1, **Grade K-2 from 9-11**

Happy Birthday Cupcake by Terry Border

** Learn how to plan a perfect party while playing with the party food??

June 12, Register by June 8, **Grades 3-5 from 9-11**

Buddy the First Seeing Eye Dog by Eva Moor

** Come meet and observe and owner and their seeing eye dog in action

June 20, Register by June 15, **Grades K-2 from 9-11**

The Night Before a New Pet by Natasha Wing

** Come meet local vet, Dr. Keating discuss how to prepare for a new puppy

** Meet some puppies who hope to be therapy dogs when they get older

June 28, Register by June 25, **Grades 3-5 from 9-11**

Remembering Vera by Patricia Polacco

** Come and meet our local heroes, The Hancock County Search and Rescue Dogs

** Learn about dog heroes

Bentley's Place, a new reading space developed by Bentley's Buddies and Friends

1220 W Main Ste C Greenfield IN 46140 phone: 317-642-7707



Bentley's Place

Sit Stay Read Summer Adventure Camp

1220 W Main Street Suite C

Greenfield IN 46140 317-642-7707

Parent Permission Form

Participant Name: _____

Street Address: _____

City, State, Zip: _____

Birthdate: _____

Participant's Primary Phone Number: _____

Email or Text Number: _____

I give permission for my child (named above) to attend _____

with Bentley's Buddies and Friends on _____.

I understand that my child will be supervised by BBF staff during this event. I hereby release the sponsoring organization and all of its members from any liability or claims as well as damages or injuries which may occur at this event.

Parent's/Guardian Signature _____ Date: _____

Emergency Contact Information:

Emergency Contact:

Relation to Child:

Phone:

Allergies: _____

Child may be released to the following person(s) with ID:

Child may be photographed for the website, paper or social media: yes _____ No _____