



Registration Form

Child's Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Age: _____ Contact Phone: _____

Parent/Guardian Email: _____

Child's Grade for Next Fall (Up & Coming School Year): _____

Position: _____ T-Shirt Size: _____

(Please check one or all that apply)

_____ Session 1: June 1 – 5 (8 am – 4 pm)

_____ Session 2: June 8 – 12 (8 am – 4 pm)

_____ Session 3: June 15 – 19 (8 am – 4 pm)

_____ Session 4: June 22 – June 26 (8 am – 4 pm)

_____ **All 4 Sessions**

(Let us know.....)

_____ My Camper will arrive at the early drop-off time (7:30 M)

PARENT/GUARDIAN NAME (please print): _____

PARENT/GUARDIAN SIGNATURE: _____