

Camp Registration Form:

Name: _____

Age: _____ Birthday _____

Sex: _____ School: _____

Phone: _____ Cell: _____

Parents Name: _____

Address: _____

City/ State/Zip: _____

Emergency Contact/phone: _____

Email address: _____

Special Needs/ Allergies: _____

Method of payment: _____ cash _____ Check

_____ credit card/debit card. Fee for camp is \$225.00 paid
by the first day of camp attending.
