



SUMMER REGISTRATION FORM

Family Last Name: _____

Street Address: _____ Town: _____

Cell Phone () _____ E-Mail _____

Student 1

Name: _____ Birth date: _____ Medical Comments: _____

Day _____ Time _____ Style _____	CAMP
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____

Student 2

Name: _____ Birth date: _____ Medical Comments: _____

Day _____ Time _____ Style _____	CAMP
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____

Student 3

Name: _____ Birth date: _____ Medical Comments: _____

Day _____ Time _____ Style _____	CAMP
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____
Day _____ Time _____ Style _____	Week of: _____

AMOUNT PAID: _____ Method: Check # _____ Cash _____ Date: _____