Summer Camp Registration Form
July 6, 2020 - August 14, 2020

Youth Aviator Name _____ DOB ____/____/____

(Print First,Last)

Aviator age _____ *check one   Male ( )   Female ( )   Phone # (____) _____-_____

Address _____

City _____   State _____   Zip _____

Shirt Size *Choose one   (Youth) S   M   L   XL   (Adult) S   M   L   XL   XXL

(_____) ALL 6 Weeks July 6,2020 - Aug.14,2020 = $8,100

Please Choose the week/weeks your child will attend camp. Each week is $1,350.00

Please *check all that apply

(_____) Week 1/July 6, 2020 - July 10, 2020

(_____) Week 2/July 13, 2020 - July 17, 2020

(_____) Week 3/July 20, 2020 - July 24, 2020

(_____) Week 4/July 27, 2020 - July 31, 2020

(_____) Week 5/Aug. 3, 2020 - Aug. 7, 2020

(_____) Week 6/Aug. 10, 2020 - Aug. 14, 2020

Parent/Legal Guardian Information

Parent /Legal Guardian Name _____
(Please Print First, Last)

Relationship _____

Address _____ *check (_) if same as above*

City _____ State _____ Zip _____

Phone # (_____) _____-_____ Email _____

Parent/Legal Guardian Name _____
(Please Print First, Last)

Relationship _____

Address _____ *check (_) if same as above*

City_____ State _____ Zip_____

Phone # (_____) _____-_____ Email _____

Does your child have any allergies ?   *check one yes (___) no (___) if yes please list below

_____

_____

_____

_____

_____

Does your child need to take any medication during camp ? *check one yes (___) no (___)
if yes please list and explain below.

_____

_____

_____

Emergency Contact

Please list below any person (other than parent/guardian) that is authorized and should be contacted to pick up your child in case of a medical emergency or emergency pick-up if parent or guardian cannot be reached.

Name _____ Relationship _____

Phone # (____) _____-_____

Name _____ Relationship _____

Phone # (____) _____-_____

Name _____ Relationship _____

Phone # (____) _____-_____

Sponsor Information *(if applicable)

Name of Sponsor _____
(Organization, School, Business, Church, etc.)

Address of Sponsor _____

Name of contact person _____
(Print First, Last)

Contact # (_____) _____-_____   Contact # (_____) _____-_____

Name of Sponsor _____
(Organization, School, Business, Church, etc.)

Address of Sponsor _____

Name of contact person _____
(Print First, Last)

Contact # (_____) _____-_____   Contact # (_____) _____-_____

Name of Sponsor _____
(Organization, School, Business, Church, etc.)

Address of Sponsor _____

Name of contact person _____
(Print First, Last)

Contact # (_____) _____-_____   Contact # (_____) _____-_____