

Registration form (ages 8 to 12 inclusive)

Name of student: _____

M F DOB: _____

medicare # : _____ exp.: _____

Contact info:

Name: _____

Address: _____

Tel: _____

email: _____

Emergency contact info:

Name: _____

Address: _____

Tel: _____

email: _____

Allergies: N Y _____

Medication: N Y _____

Other: N Y _____

week	\$	deposit	final	paid
June 25 - 29	\$200	_____	_____	_____
July 3 - 6	\$170	_____	_____	_____
July 9 - 13	\$200	_____	_____	_____
July 16 - 20	\$200	_____	_____	_____
July 23 - 27	\$200	_____	_____	_____

Payment type: _____

receipt: N Y

T-shirt Size: XS S M L XL

Parent/tutor's Signature: _____