



Registration Form

July 21ST - 25th : 9a.m - 12p.m

Name: _____ Age: _____

Last School Grade Completed: _____

Address: _____

City: _____ State: _____

Parent/Guardian: _____

Relationship: _____

Cell phone: _____

Emergency Contact: _____

Cell phone: _____

Relationship: _____

Allergies: _____

*If your child would like to participate in tie-dying, please be sure to mark their name in **black** on a t-shirt and bring it to the first day of camp.