

For Office Use Only

Cash/Check# _____ Pymt. _____ Date _____

2020 CAMP REGISTRATION FORM

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____

PLEASE PRINT CLEARLY

Primary phone: _____

Allergies/Medical: _____

SKILLS Camp please check all weeks attending

_____ Team - June 8 - 12 (\$210)

_____ Skills- June 15 - 19 (\$210)

SUMMER Camp please check all weeks attending

_____ Week 1 - June 22 - 26

_____ Week 2 - July 6 - 10

_____ Week 3 - July 13 - 17

_____ Week 4 - July 20 - 24

_____ Week 5 - July 27 - July 31

_____ Week 6 - Aug 3 - 7

_____ Week 7 - Aug 10 - 14

_____ Week 8 - Aug 17 - 21

Registration Fee (*if applicable-\$15) _____

Skills/Team Camp Total _____

1st wk Summer Camp (\$221/205) _____ADD A WEEK (Summer Camp)

_____ Weeks x \$211/195 = _____

Early Drop-off/Late Pick-up fee _____

Drop-off time _____

Pick-up time _____

TOTAL AMOUNT DUE _____

Tax receipt needed ? (Circle one) Yes No

***Registration fee** is waived if student was in our
2019-20 school year program.**For Office Use Only**

Cash/Check# _____ Pymt. _____ Date _____

2020 CAMP REGISTRATION FORM

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____

PLEASE PRINT CLEARLY

Primary phone: _____

Allergies/Medical: _____

SKILLS Camp please check all weeks attending

_____ Team - June 8 - 12 (\$210)

_____ Skills- June 15 - 19 (\$210)

SUMMER Camp please check all weeks attending

_____ Week 1 - June 22 - 26

_____ Week 2 - July 6 - 10

_____ Week 3 - July 13 - 17

_____ Week 4 - July 20 - 24

_____ Week 5 - July 27 - July 31

_____ Week 6 - Aug 3 - 7

_____ Week 7 - Aug 10 - 14

_____ Week 8 - Aug 17 - 21

Registration Fee (*if applicable-\$15) _____

Skills/Team Camp Total _____

1st wk Summer Camp (\$221/205) _____ADD A WEEK (Summer Camp)

_____ Weeks x \$211/195 = _____

Early Drop-off/Late Pick-up fee _____

Drop-off time _____

Pick-up time _____

TOTAL AMOUNT DUE _____

Tax receipt needed ? (Circle one) Yes No

***Registration fee** is waived if student was in our
2019-20 school year program.**For Office Use Only**

Cash/Check# _____ Pymt. _____ Date _____

2020 CAMP REGISTRATION FORM

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____

PLEASE PRINT CLEARLY

Primary phone: _____

Allergies/Medical: _____

SKILLS Camp please check all weeks attending

_____ Team - June 8 - 12 (\$210)

_____ Skills- June 15 - 19 (\$210)

SUMMER Camp please check all weeks attending

_____ Week 1 - June 22 - 26

_____ Week 2 - July 6 - 10

_____ Week 3 - July 13 - 17

_____ Week 4 - July 20 - 24

_____ Week 5 - July 27 - July 31

_____ Week 6 - Aug 3 - 7

_____ Week 7 - Aug 10 - 14

_____ Week 8 - Aug 17 - 21

Registration Fee (*if applicable-\$15) _____

Skills/Team Camp Total _____

1st wk Summer Camp (\$221/205) _____ADD A WEEK (Summer Camp)

_____ Weeks x \$211/195 = _____

Early Drop-off/Late Pick-up fee _____

Drop-off time _____

Pick-up time _____

TOTAL AMOUNT DUE _____

Tax receipt needed ? (Circle one) Yes No

***Registration fee** is waived if student was in our
2019-20 school year program.

For Office Use Only

Cash/Check# _____ Pymt. _____ Date _____

2020

JR. CAMP REGISTRATION FORM

Return form with payment attached
One form per child

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____
PLEASE PRINT CLEARLY

Primary Phone: _____

Allergies/Medical: _____

Registration Fee
(*if applicable - \$15) _____

June 22-26 (\$125) _____

July 13-17 (\$125) _____

July 27-31 (\$125) _____

August 10-14 (\$125) _____

TOTAL AMOUNT DUE _____

***Registration fee** is waived if student was in our
2019-20 school year program.

For Office Use Only

Cash/Check# _____ Pymt. _____ Date _____

2020

JR. CAMP REGISTRATION FORM

Return form with payment attached
One form per child

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____
PLEASE PRINT CLEARLY

Primary Phone: _____

Allergies/Medical: _____

Registration Fee
(*if applicable - \$15) _____

June 22-26 (\$125) _____

July 13-17 (\$125) _____

July 27-31 (\$125) _____

August 10-14 (\$125) _____

TOTAL AMOUNT DUE _____

***Registration fee** is waived if student was in our
2019-20 school year program.

For Office Use Only

Cash/Check# _____ Pymt. _____ Date _____

2020

JR. CAMP REGISTRATION FORM

Return form with payment attached
One form per child

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____
PLEASE PRINT CLEARLY

Primary Phone: _____

Allergies/Medical: _____

Registration Fee
(*if applicable - \$15) _____

June 22-26 (\$125) _____

July 13-17 (\$125) _____

July 27-31 (\$125) _____

August 10-14 (\$125) _____

TOTAL AMOUNT DUE _____

***Registration fee** is waived if student was in our
2019-20 school year program.

For Office Use Only

Cash/Check# _____ Pymt. _____ Date _____

2020 CAMP REGISTRATION FORM

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____

PLEASE PRINT CLEARLY

Primary phone: _____

Allergies/Medical: _____

SKILLS Camp please check all weeks attending

_____ Team - June 8 - 12 (\$210)

_____ Skills- June 15 - 19 (\$210)

SUMMER Camp please check all weeks attending

_____ Week 1 - June 22 - 26

_____ Week 2 - July 6 - 10

_____ Week 3 - July 13 - 17

_____ Week 4 - July 20 - 24

_____ Week 5 - July 27 - July 31

_____ Week 6 - Aug 3 - 7

_____ Week 7 - Aug 10 - 14

_____ Week 8 - Aug 17 - 21

Registration Fee (*if applicable-\$15) _____

Skills-/Team Camp Total _____

1st wk Summer Camp (\$221/205) _____

ADD A WEEK (Summer Camp)

_____ Weeks x \$211/195 = _____

Early Drop-off/Late Pick-up fee _____

Drop-off time _____

Pick-up time _____

TOTAL AMOUNT DUE _____

Tax receipt needed ? (Circle one) **Yes** **No**

***Registration fee** is waived if student was in our
2019-20 school year program.

Skills Camp
Summer Camp



Jr. Camp



For Office Use Only

Cash/Check# _____ Pymt. _____ Date _____

2020

JR. CAMP REGISTRATION FORM

Return form with payment attached

One form per child

Name _____

D.O.B. ____/____/____ Age _____

Parent name - _____

PLEASE PRINT CLEARLY

Primary Phone: _____

Allergies/Medical: _____

Registration Fee

(*if applicable - \$15) _____

June 22-26 (\$125) _____

July 13-17 (\$125) _____

July 27-31 (\$125) _____

August 10-14 (\$125) _____

TOTAL AMOUNT DUE _____

***Registration fee** is waived if student was in our
2019-20 school year program.