For Office Use Only Cash/Check#PymtDate	For Office Use Only Cash/Check#PymtDate
2020 CAMP REGISTRATION FORM	2020 CAMP REGISTRATION FORM
Name	Name
D.O.B/Age	D.O.B/Age
Parent name PLEASE PRINT CLEARLY	Parent name
Primary phone:	Primary phone:
Allergies/Medical:	Allergies/Medical:
SKILLS Camp please check all weeks attending Team - June 8 - 12 (\$210) Skills- June 15 - 19 (\$210)	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	SUMMER Camp please check all weeks attendid 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)	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	# Weeks x \$211/195 = Early Drop-off/Late Pick-up fee Drop-off time Pick-up time
TOTAL AMOUNT DUE	TOTAL AMOUNT DUE
Tax receipt needed? (Circle one) Yes No	Tax receipt needed ? (Circle one) Yes No
*Registration fee is waived if student was in our 2019-20 school year program.	*Registration fee is waived if student was in our 2019-20 school year program.

ent name PLEASE PRINT CLEARLY	_	
mary phone:		
• •	•	
ergies/Medical:	-	
ILLS Camp please check all weeks attending		
Team - June 8 - 12 (\$210)		
Skills- June 15 - 19 (\$210)		
MMER Camp please check all weeks attending	g	
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		
gistration Fee (*if applicable-\$15)		
lls/Team Camp Total		
wk Summer Camp (\$221/205)		
OD A WEEK (Summer Camp)		
Weeks x \$211/195 =		
rly Drop-off/Late Pick-up fee		
Drop-off time		
Pick-up time		
OTAL AMOUNT DUE		
x 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	
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	For Office Use Only	For Office Use Only	
Cash/Check#PymtDate	Cash/Check# Pymt Date	Cash/Check#PymtDate	
JR. CAMP REGISTRATION FORM Return form with payment attached One form per child	JR. CAMP REGISTRATION FORM Return form with payment attached One form per child	JR. CAMP REGISTRATION FORM Return form with payment attached One form per child	
Name	Name	Name	
D.O.B/Age	D.O.B/Age	D.O.B/Age	
Parent namePLEASE PRINT CLEARLY	Parent namePLEASE PRINT CLEARLY	Parent namePLEASE PRINT CLEARLY	
Primary Phone:	Primary Phone:	Primary Phone:	
Allergies/Medical:	Allergies/Medical:	Allergies/Medical:	
Registration Fee (*if applicable - \$15)	Registration Fee (*if applicable - \$15)	Registration Fee (*if applicable - \$15)	
June 22-26 (\$125)	June 22-26 (\$125)	June 22-26 (\$125)	
July 13-17 (\$125)	July 13-17 (\$125)	July 13-17 (\$125)	
July 27-31 (\$125)	July 27-31 (\$125)	July 27-31 (\$125)	
August 10-14 (\$125)	August 10-14 (\$125)	August 10-14 (\$125)	
TOTAL AMOUNT DUE	TOTAL AMOUNT DUE	TOTAL AMOUNT DUE	
*Registration fee is waived if student was in our 2019-20 school year program.	*Registration fee is waived if student was in our 2019-20 school year program.	*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		
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#	Pvmt.	Date	

2020

JR. CAMP REGISTRATION FORM

Return form with payment attached One form per child

Name		
D.O.B/	/	Age
Parent name		
Primary Phone: _		
Allergies/Medica	l:	
Registration For (*if applicable)		
June 22-26	(\$125)	
July 13-17	(\$125)	
July 27-31	(\$125)	
August 10-14	(\$125)	
TOTAL AMO	OUNT DUE	

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