

SUMMER CAMP REGISTRATION FORM

Name: _____ **Date:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

DOWNLOAD THE FORM USE THE SCHEDULE TO LIST CAMP(S) THAT YOUR SON/DAUGHTER WOULD LIKE TO BECOME INVOLVED IN THIS SUMMER.

TURN IT IN WITH THE MONEY TO THE COACH OF THE PROGRAM.

**PLEASE LIST THE NAME(S) OF THE CAMP(S) YOU WISH TO REGISTER FOR:
(SEE THE SCHEDULE OR INFORMATION FROM YOUR COACH)**

CAMP(S) NAME	COACH	TUITION
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
TOTAL		\$ _____

****NOTE: IF TAKING MULTIPLE SPORTS OR YOU HAVE MORE THAN ONE ATHLETE INVOLVED IN THE SUMMER PROGRAM, THEN EACH SPORT WILL BE \$150.00 OR THE COST OF THE COURSE WHICHEVER IS CHEAPER.**

****GOLF WILL BE FULL PRICE BECAUSE OF THE GREEN FEES.**

BOTTOM PORTION TO BE FILLED OUT BY COACH

CASH _____	CHECK # _____	DATE _____
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