

Summer Camp Registration Form

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Camper's Age: _____ D.O.B. __ / __ / __ M/F

E-mail Address: _____

IMPORTANT! Please provide us with an email address where we can send your camp confirmation code and further information.

_____ Day camp Deposit \$30

_____ Military Discount Deposit \$25

Date (s) of camp you are signing up for: