

SPTTC 2018 Summer Camp Registration

Student Name: _____ Age: _____ Grade: _____

School Name: _____

Home Address: _____

Email Contact: _____

Parents Name: _____ Phone: _____

_____ Phone: _____

Date want to attend (Please circle the date)

Week (6/25)

Week (7/02), Week (7/09), Week (7/16), Week (7/23), Week (7/30)

Week (8/6), Week (8/13), Week (8/20)

Emergency contact if parent or guardian is not available:

Name/Relationship: _____ Phone: _____

Print Name: _____ Relationship: _____

Signature of Parent or Legal Guardian: _____

Date: ____ / ____ / _____

Enclosed Check #: _____ Amount: _____