

SPTTC 2018 Winter Break Camp Registration

Student Name: _____ **Age:** _____ **Grade:** _____

School Name: _____

Home Address: _____

Email Contact: _____

Parents Name: _____ **Phone:** _____

_____ **Phone:** _____

Date want to attend (Please circle the date)

Week1 (12/26/2018 – 12/28/2018)

Week1 (12/31/2018; 01/02/2018-01/04)

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:** _____