

SPTTC Camp Registration

Student Name: _____ Age: _____ Grade: _____

School Name: _____

Home Address: _____

Email Contact: _____

Parents Name: _____ Phone: _____

_____ Phone: _____

Date want to attend (Please circle the date)

Mid-Winter Break Camp (2/18/2019 – 2/22/2019)

2/18/2019 2/19/2019 2/20/2019 2/21/2019 2/22/2019

Spring Break Camp (4/8/2019 – 4/12/2019)

4/8/2019 4/09/2019 4/10/2019 4/11/2019 4/12/2019

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:** _____