

SPTTC 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 (6/24)

Week (7/01*), Week (7/08), Week (7/15), Week (7/22), Week (7/29)

Week (8/5), Week (8/12), Week (8/19), Week (8/26)

*Three days only (7/01 -03)

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: _____