

SPTTC 2020 Spring Break Camp Registration

Student Name: _____ Age: _____ Grade: _____

School Name: _____

Home Address: _____

Email Contact: _____

Parent's Name: _____ Phone: _____

_____ Phone: _____

Dates you wish to attend (Please circle the dates)

Week (4/13/2020 – 4/17/2020)

4/13/2020 4/14/2020 4/15/2020 4/16/2020 4/17/2020

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:** _____