

SPTTC Summer Camp Registration

Student Name: _____ Age: _____ Grade: _____

School Name: _____

Home Address: _____

Email Contact: _____

Parents Name: _____ Phone: _____

_____ Phone: _____

Date you want to attend (Please circle the date)

Week (6/22)

Week (6/29*), Week (7/06), Week (7/13), Week (7/20), Week (7/27)

Week (8/3), Week (8/10), Week (8/17), Week (8/24)

*Four days only (6/29 - 7/02)

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:** _____