

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 (6/19)

Week (6/26), Week (7/03), Week (7/10), Week (7/17), Week (7/24)

Week (7/31), Week (8/07), Week (8/14), Week (8/21), Week (8/28)

- \$425/week Table tennis only
- \$495/week Table tennis with Chess4Life (Table Tennis in the morning)
- \$499/week Table tennis with Kung Fu (Table Tennis in the morning)

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:** _____