

## 2019 Summer Camp Registration

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Camp Summershine & Wee Camp

Child 1: _____ DOB: _____ Shirt Size: YS YM YL AS AM AL Wk 1: _____ Wk 5: _____ Wk 2: _____ Wk 6: _____ Wk 3: _____ Wk 7: _____ Wk 4: _____	Child 2: _____ DOB: _____ Shirt Size: YS YM YL AS AM AL Wk 1: _____ Wk 5: _____ Wk 2: _____ Wk 6: _____ Wk 3: _____ Wk 7: _____ Wk 4: _____
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Child 3: _____ DOB: _____ Shirt Size: YS YM YL AS AM AL Wk 1: _____ Wk 5: _____ Wk 2: _____ Wk 6: _____ Wk 3: _____ Wk 7: _____ Wk 4: _____	Child 4: _____ DOB: _____ Shirt Size: YS YM YL AS AM AL Wk 1: _____ Wk 5: _____ Wk 2: _____ Wk 6: _____ Wk 3: _____ Wk 7: _____ Wk 4: _____
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Athletic Camps	Child Name	DOB	Shirt Size
Rising Stars Basketball Camp:	_____	_____	YS YM YL AS AM AL
Girls Volleyball Camp:	_____	_____	YS YM YL AS AM AL
Get Your Spike On:	_____	_____	YS YM YL AS AM AL

Other Camps	Child Name	DOB
Giggling Artist Camp:	_____	_____
Acting Workshop/Camp:	_____	_____