

2019 SPCA Summer Camp Registration Form

Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Parent Name: _____ Relationship: _____

Phone (Home): _____ (Cell): _____

Email: _____

Please describe any allergies, physical/emotional/mental conditions or circumstances regarding your child:

In the event of an emergency, please contact:

Name: _____ Relationship: _____

Phone (Home): _____ (Cell): _____

Name: _____ Relationship: _____

Phone (Home): _____ (Cell): _____

Registration fee is \$55 I wish to pay by _____ cash _____ check _____ card

I would like to register my child for the

____ June 11-15, 2019 (Tues – Fri 8:00 am – 12:00 noon / graduation on Saturday 11:00 – 12:00)

____ July 9-13, 2019 (Tues – Fri 8:00 am – 12:00 noon / graduation on Saturday 11:00 – 12:00)

____ July 30-Aug. 3, 2019 (Tues – Fri 8:00 am – 12:00 noon / graduation on Saturday 11:00 – 12:00)

PLEASE NOTE: As spaces are limited, registration fee is NOT refundable.

Shirt size (**adult sizes**) ____ S ____ M ____ L