

SANFORD SPORTS CAMP

2012 GOLF CAMP APPLICATION

\$395.00 Per Week/Session

BOYS / GIRLS 8 – 14 Years Old

_____ Aug. 13th

Camper's Name: _____

Parents Name: _____

Age: _____ Parents E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # Home: _____ Work: _____ Cell: _____

Signature of Parent/Guardian: _____

Will your child need transportation to/from camp? Yes No (See Extended Day
Extended Day: Yes No Rates on Tuition Form)

Lunch: Yes No (\$32.00 Per Week)

Will your child be attending the Day Camp? _____ Permission To Swim? Yes No

Medical Release: I have completed the first page of the Health Information/Medical Release Form and by my signature agree.

Signature: _____ Date: _____

Each application must be accompanied by a non-refundable \$50.00 deposit with the balance due by Friday, 6/1/2012. Enrollments are limited and will be on a first-come basis.

Make Checks Payable To: Sanford Day Camp
601 N. Olive Street
Media, PA 19063

Winter Phone: 610-565-4850

(See Other Side For More Information)