

# SANFORD SPORTS CAMP

2008

PLEASE ENROLL MY SON/DAUGHTER (8 – 14 years) IN THE FOLLOWING CAMPS:

CROSS COUNTRY        JUNE 23    \$225.00  
(8 TO 12 YEARS)

QUARTERBACK        JULY 14    \$225.00  
AND RECEIVER  
(8 TO 14 YEARS)

BASEBALL        JULY 28    \$225.00  
(10 TO 14 YEARS)

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Age: \_\_\_\_\_    Shirt Size (indicate child or adult size): \_\_\_\_\_  
FREE SHIRT (ONLY if enrolled by June 1)

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

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_

Phone #: Home \_\_\_\_\_    Work: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Will your child need transportation? \_\_\_\_\_ Yes    \_\_\_\_\_ No (\$60 per week)  
Transportation from North Wilmington ONLY

EXTENDED DAY: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Will your child be attending the day camp? \_\_\_\_\_ Yes    \_\_\_\_\_ No

LUNCH: \_\_\_\_\_ Yes    \_\_\_\_\_ No (\$30 per week)

How did you hear about this camp? \_\_\_\_\_

Indicate permission to swim: \_\_\_\_\_ Yes    \_\_\_\_\_ No

Each application must be accompanied by a non-refundable \$50.00 deposit with the balance due on or before June 1. Enrollments are limited and will be handled on a first-come basis.

Make checks payable to: Sanford Day Camp  
601 N. Olive Street  
Media, PA 19063

Winter Phone (610) 565-4850

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

Signature \_\_\_\_\_ Date \_\_\_\_\_