

SANFORD SPORTS CAMP 2012 SOCCER CAMP APPLICATION

\$225.00 Per Week/Session

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BOYS 8 – 14 Years Old
 June 18th

GIRLS 8 – 14 Years Old
 July 9th

Camper's Name: _____

Parents Name: _____

Age: _____ Parents Email Address: _____

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 Rates
Extended Day: _____ Yes ____ No On Tuition Page)

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)