



REGISTRATION FORM
AUGUST 1ST-AUGUST 5TH
5:30PM-8:00PM

Name: _____

Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Parents Name(s): _____

In case of emergency contact: _____

Allergies or other medical conditions: _____

School Grade entering in the Fall: _____

T-Shirt size: _____