

SPTTC 2020 Mid - Winter Break Camp Registration

Student Name: _____ **Age:** _____ **Grade:** _____

School Name: _____

Home Address: _____

Email Contact: _____

Parent's Name: _____ **Phone:** _____

_____ **Phone:** _____

Dates you wish to attend (Please circle the dates)

Week (2/17/2020 – 2/21/2020)

2/17/2020 2/18/2020 2/19/2020 2/20/2020 2/21/2020

Emergency contact if parent or guardian is not available:

Name/Relationship: _____ **Phone:** _____

Print Name: _____ **Relationship:** _____

Signature of Parent or Legal Guardian: _____

Date: ____ / ____ / _____

Enclosed Check #: _____ **Amount:** _____