

# SANFORD SPORTS CAMP 2010

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

**VOLLEYBALL**            **JULY 12**      **\$225.00**

**CHEERLEADING**            **JULY 19**      **\$225.00**

**FIELD HOCKEY**            **AUG. 2**      **\$225.00**  
**(10 – 14 YRS. OLD)**

**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 (\$75 per week)**

**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 \_\_\_\_\_