

SANFORD SPORTS CAMP 2010

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

CROSS COUNTRY **JUNE 21** **\$225.00**
(8 TO 12 YEARS)

**QUARTERBACK
AND RECEIVER** **JULY 12** **\$225.00**
(8 TO 14 YEARS)

BASEBALL **JULY 26** **\$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 (\$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 and agree.

Signature _____ Date _____