

# SANFORD SPORTS CAMP

## 2010 SOCCER CAMP APPLICATION

PLEASE ENROLL MY SON / DAUGHTER IN THE FOLLOWING CAMP: **\$225 PER SESSION**

BOYS SESSION                      8 - 14 year olds;

June 14

July 19

GIRLS SESSION                      8 - 14 year olds

June 28

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Age: \_\_\_\_\_                      Shirt Size (Indicate child or adult size): \_\_\_\_\_  
FREE SHIRT (Only if enrolled by June 1<sup>st</sup>)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Signature of Parent or 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 \_\_\_\_\_

Indicate permission to swim: \_\_\_\_\_ Yes \_\_\_\_\_ No                      (\$30 PER WEEK)

How did you hear about this camp? \_\_\_\_\_

Medical Release: I have completed the first page of the Health Information/Medical Release Form and by my signature agree.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

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

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Winter Phone 610-565-4850