

2010 Licking Heights Cross Country Summer Camp

Registration Form

Student Athlete Info			
First Name	Last Name	Birth Date	2010/11 Grade Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Nickname		
M F	<input type="text"/>		
Street Address			
<input type="text"/>			
Appt Number			
<input type="text"/>			
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Email	OK to Text Message
<input type="text"/>	<input type="text"/>	<input type="text"/>	Y N
Parent/Guardian Info			
First Name	Last Name	Relation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Primary Phone	Secondary Phone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Interested in Helping with Camp?		Dates Available to Help	
Y N	<input type="text"/>		
Do you have a tent we can use?		Are you available to Drive to or from camp?	
Y N	Y N	To	From

Fees:

Registration Fee:

There is a \$20 per child non refundable registration due with this registration form.

Camp Fee:

Registrations received prior to June 19th will have a camp fee of \$100 (including registration).

Registrations received after June 19th will have a camp fee of \$120 (including registration).

Camp fees are due in full by July 5th 2009.

Please mail this form along with an emergency medical form and a check for \$20 to:

Coach Patrick Helgerman

2363 Condit Dr. SW

Pataskala OH, 43062

Cash or check for the remaining balance will be accepted any time prior to departure for camp on July 6th.

If payment is made prior to departure and a cancellation is made, all but the registration fee is refundable.