

PAINTBALL CAMP REGISTRATION FORM 2024

PLAYERS INFORMATION:

NAME: _____ DATE OF BIRTH: _____

NICKNAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL: _____

PARENT/GUARDIAN NAMES & PHONE NUMBERS:

1.

2.

EMERGENCY CONTACT: (OTHER THEN PARENT/GUARDIAN)

1.NAME: _____ PHONE #: _____

RELATIONSHIP: _____

2.NAME: _____ PHONE #: _____

RELATIONSHIP: _____

LIST ALL PEOPLE WHO WILL BE PICKING YOUR CHILD UP

NAME/PHONE #/RELATIONSHIP

1.HAS YOUR CHILD PLAYED PAINTBALL BEFORE?

2.DOES YOUR CHILD HAVE HIS OWN EQUIPMENT?

3.ANYTHING WE SHOULD WATCH FOR OR BE CONCERNED ABOUT WHILE AT CAMP?

EX: ALLERGIES TO BEES, DIABETES, ETC

4. WHAT IS YOUR CHILD LOOKING FORWARD TO MOST AT PAINTBALL CAMP?

5. WILL YOUR CHILD BE ATTENDING THE ENTIRE WEEK? YES NO

IF NO, CIRCLE DAYS THEY WILL BE ATTENDING. MON TUES WED THURS FRI

DROP IN: \$85 PER DAY

To hold your child's spot for the 2024 Paintball Camp, please complete this form and return to MSG with your \$85 deposit. Balance will be due on the first day of camp.

Mail a check to: MSG Paintball

1934 Route 211 East

Middletown, NY 10941

Credit Card: # _____ Exp: _____

CVC: _____ Billing Zip Code: _____

X: _____

Cardholders Signature

We try to take pictures of the players throughout the week. Pictures will be posted to our Facebook page. Facebook.com/msgpaintball

