



Princess Day Camp
REGISTRATION FORM

STUDENT NAME: _____

Date of Birth: _____ Age: _____

Phone Numbers

Parents Name/Mailing Address

Home: _____

Cell: _____

Other: _____

Email Address: _____

Camp Dates: Please check dates your child will attend

Tuesday August 8-Friday August 11 Full Day: _____ Half Day: _____

I agree to pay the full amount of camp Tuesday August 9. Full day \$200.00 per student, half day \$125.00 per student.

Signature

Date