



Summer Camp Registration Form July 6, 2020 - August 14, 2020

Youth Aviator Name _____ DOB ___/___/___
(Print First, Last)

Aviator age _____ *check one Male () Female () Phone # (____) _____ - _____

Address _____

City _____ State _____ Zip _____

Shirt Size *Choose one (Youth) S M L XL / (Adult) S M L XL XXL

ALL 6 Weeks July 6, 2020 - Aug. 14, 2020 = **\$8,100**

Please Choose the week/weeks your child will attend camp. **Each week is \$1,350.00**

Please *check all that apply

Week 1/July 6, 2020 - July 10, 2020

Week 2/July 13, 2020 - July 17, 2020

Week 3/July 20, 2020 - July 24, 2020

Week 4/July 27, 2020 - July 31, 2020

Week 5/Aug. 3, 2020 - Aug. 7, 2020

Week 6/Aug. 10, 2020 - Aug. 14, 2020

Parent/Legal Guardian Information

Parent /Legal Guardian Name _____
(Please Print First, Last)

Relationship _____

Address _____ *check () if same as above

City _____ State _____ Zip _____

Phone # (____) ____-_____

Parent/Legal Guardian Name _____
(Please Print First, Last)

Relationship _____

Address _____ *check () if same as above

City _____ State _____ Zip _____

Phone # (____) ____-_____

Does your child have any allergies ? *check one yes () no () if yes please list below

Does your child need to take any medication during camp ? *check one yes () no () if yes please list and explain below.

Emergency Contact

Please list below any person (other than parent/guardian) that is authorized and should be contacted to pick up your child in case of a medical emergency or emergency pick-up if parent or guardian cannot be reached.

Name _____ Relationship _____

Phone # (____) _____ - _____

Name _____ Relationship _____

Phone # (____) _____ - _____

Name _____ Relationship _____

Phone # (____) _____ - _____

Sponsor Information *(if applicable)

Name of Sponsor _____
(Organization, School, Business, Church, etc.)

Address of Sponsor _____

Name of contact person _____
(Print First, Last)

Contact # (____) ____ - ____ Contact # (____) ____ - ____

Name of Sponsor _____
(Organization, School, Business, Church, etc.)

Address of Sponsor _____

Name of contact person _____
(Print First, Last)

Contact # (____) ____ - ____ Contact # (____) ____ - ____

Name of Sponsor _____
(Organization, School, Business, Church, etc.)

Address of Sponsor _____

Name of contact person _____
(Print First, Last)

Contact # (____) ____ - ____ Contact # (____) ____ - ____