Name of Camper:
Address:
Phone:
Email:
Grade Level at Start of Next School Year:
Age:
T-Shirt Size:
High School:
Medical Alerts:
Parents Name:
Parents Email:

\*\*Please make check out to Oregon Style Cross Country Running Camp.\*\*

Check and completed form must be mailed to:
Ed Butt
73 South Lakeshore Drive
Brookfield, CT 06804

## **Payment Amount:**

## BEFORE July 1st:

- Individual \$625
- Team (5+) \$600 per person\*
- Day Camper \$475

## AFTER July 1st

- Individual \$675
- Team (5+) \$625 per person\*
- Day Camper \$475

<sup>\*</sup>Teams must have five or more participants. For the purposed of team discounts, a team is defined as the number of members per gender, not combined.