



Camp Crusader 2020

Camper Information Form

LAST name _____

Please Print

Child's FIRST name	M/F	Birth Date	Grade Entering	School (if not SMA)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address _____

City _____ Zip _____ Home Phone # _____

Mom's Name _____ Cell Phone # _____

Email address: _____ Work Phone # _____

Dad's Name _____ Cell Phone # _____

Email address: _____ Work Phone # _____

Emergency Contact (other than mom/dad)

Name _____ Phone # _____

Name _____ Phone # _____

Allergies / Important Information: _____

Form Completed By: _____

Please Print

Date: _____



Camp Crusader 2020 Registration/Camp Fees

LAST name _____
Please Print

Child's FIRST name

(1) _____ (2) _____ (3) _____

*** Registration Fee (Includes one camp t-shirt per child)

1 Camper - \$35.00 2 campers - \$65.00 3 campers - \$95.00

Total Registration Fees _____

*** Camp Fees (Please Select Option)

➤ **8 weeks – Pre-Paid**

➤ **4 weeks – Pre-Paid** (Please select 4 weeks)

May 25th – 29th June 1st – 5th June 8th – 12th June 15th – 19th

June 22nd – 26th June 29th – July 3rd July 6th – 10th July 13th – 17th

➤ **Weekly** (Please select weeks)

May 25th – 29th June 1st – 5th June 8th – 12th June 15th – 19th

June 22nd – 26th June 29th – July 3rd July 6th – 10th July 13th – 17th

➤ **Daily**

Total Camp Fees _____

My child/children will attend Before Camp Care YES NO

My child/children will attend After Camp Care YES NO

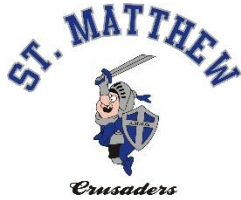
*** Camp Merchandise: \$15.00

T-Shirt _____ (Select size)

XS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ A-XL ___

Back Pack _____

Total Merchandise Fees _____



Camp Crusader 2020

Registration/Camp Fees

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Last Name _____
Please Print

Summary of Fees

Registration Fees _____

Camp Fees _____

Before/After Camp Care _____

Merchandise _____

Total Fees _____

Amount Enclosed: \$ _____

Parent's Signature _____ Date _____

<<< Office Use Only >>>

Payment Received _____ Cash _____ Check # _____

Date Received _____ Received By _____

Notes: _____

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