

SMA Camp Mayflower Registration Form

LAST name _____
Please Print

Child's FIRST name:	Grade	Birth Date	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 #** _____

Camp Care (Please check the day(s) attending)

____ Monday November 19th ____ Tuesday November 20th ____ Wednesday November 21st

My child (Please circle one)

will / will not attend **Before Care**

will / will not attend **After Care**

.....
For Office Use Only....

Total Amount Received _____ Check # _____ Cash _____

Received By: _____ Date _____

Comments: _____
