

SUMMER CAMP REGISTRATION FORM



CAMPER INFORMATION:

Camper Name: _____ Age: _____

Camper Name: _____ Age: _____

Parent or Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Day or Cell Phone: (_____) _____

E-mail Address: _____ Food Allergies _____

CLASS INFORMATION (Fill in name, session: AM (9 a.m.-Noon) or PM (1-4 p.m.) and circle shirt size for each camper):

CAMP 1

CAMP 2

CAMP 3

CAMP 4

Ages 6-9 JUNE 28-30 3 Days - \$60	Ages 10-12 JULY 6-9 4 Days - \$80	Ages 6-9 JULY 12-14 3 Days - \$60	Ages 10-12 JULY 26-29 4 Days - \$80
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Select Camp, session and Camper T-Shirt Size: (Circle One)

Camp 1: AM or ~~PM~~ FULL

Camp 2: AM or PM

Camp 3: AM or PM

Camp 4: AM or ~~PM~~ FULL

Name: _____ Youth: S M L

Adult: S M L

Camp 1: AM or ~~PM~~ FULL

Camp 2: AM or PM

Camp 3: AM or PM

Camp 4: AM or ~~PM~~ FULL

Name: _____ Youth: S M L

Adult: S M L

PAYMENT INFORMATION: *Payment must be made at time of registration*

Form of Payment: (Please Choose One) Check Visa MasterCard Discover

Please note: All credit card information is destroyed after processing.

Card Number: _____ V-Code: _____

Name on Card: _____ Expiration: _____

Address of Cardholder: (If different from above)

Address: _____

City: _____ State: _____ Zip Code: _____

Please fax, mail or e-mail with payment to:

Trine University Technology Center

One University Avenue, Angola, IN 46703

Phone: 260.243.0017 Fax: 866.523.0898 E-mail: mortorffw@trine.edu

