

Registration Form

Student's Name: _____

Age (Summer 2018): _____ Grade (Sept 2018): _____

Parents' Names: _____

Address: _____

Phone: _____

E-mail: _____

Please send my camp information via: E-mail USPS

Hatchery Member*: Yes No Exp. Date: _____

*A minimum of a Family Membership is required to receive the member discount for summer camp programs.

Program Information

Program Session & Dates #1: _____

Program Session & Dates #2: _____

Total Payment: _____ Cash Check Charge

Card #: _____ Exp. Date: _____

Signature: _____ CVC: _____

How did you hear about our camps: _____

All Payments are non-refundable. Office use only: Rec: _____ \$: _____ Summer 2018

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