

Mad Platter Summer Camp 2009

(confirmed \_\_\_\_\_)

Registration Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Week attending: \_\_\_\_\_

Emergency Contact Name and # : \_\_\_\_\_

Email address: \_\_\_\_\_ (required)

Shirt size: \_\_\_\_\_

Paid in full Yes \_\_\_\_\_ (\$130)

Paid only deposit \_\_\_\_\_ (\$50.00 non-refundable)

Type of payment: \_\_\_\_\_

CC # and expiration date: \_\_\_\_\_ (no AMEX)

Date received: \_\_\_\_\_

Special Instructions:

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