

MERMAID BASKETBALL CAMP REGISTRATION FORM

Camper's Name: _____

Circle: Boy/Girl Date of Birth _____

Camper's Home Phone: _____

Parent E-mail: _____

Camper's Home Address:

Street: _____

City: _____

State: _____ Zip: _____

Primary Contact Parent or Guardian:

Address for billing:

Street: _____

City: _____

State: _____ Zip: _____

Phone: Home: _____

Cell: _____

Work: _____ Ext: _____

Secondary Contact Parent or Guardian:

Phone: Home: _____

Cell: _____

Work: _____ Ext: _____

Upon registration, health form is required to be completed. Please return Basketball Camp applications with a \$50 non-refundable deposit to:

Mermaid Country Day Camp
P.O. Box 60
Blue Bell, PA 19422

(Note: If your child is already registered for the Day Camp, no additional deposit is required.)

Camp fee: \$225