

REGISTRATION FORM

RCCS Summer Enrichment/Crusader Camp Registration 2011

Name _____
Last First

Address _____
Street
City State Zip Code

Grade _____ School Attended _____

Parent/Guardian _____
Print Name

Phone _____
Home Work Cell

Summer Enrichment Program

Crusader Camp

Both Summer Enrichment and Crusader Camp

I understand and agree to comply with all RCCS regulations

Student Signature

Date

Parent/Guardian Signature

Date

For Office Use Only

Check Program:

JUNE

JULY

<input type="checkbox"/> June 6 – June 23 Enrichment Program	<input type="checkbox"/> July 5 – July 21 Enrichment Program
<input type="checkbox"/> June 6 – June 24 Crusader Camp	<input type="checkbox"/> July 5 – July 22 Crusader Camp
<input type="checkbox"/> Both Programs	<input type="checkbox"/> Both Programs

Received Payment:

Amount

Date