



CAMP ENROLLMENT FORM



Camp Code: FCA/CIA Power Camp

Last Name: _____

First Name: _____

Gender: M F

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

E-mail: _____

STUDENT ENROLLMENT	ADULT ENROLLMENT	PAYMENT
Parent: _____	School/Business: _____	Student Athlete:..... \$ _____
Home Phone: _____	Address: _____	Adult/Couple:..... \$ _____
Work Phone: _____	City: _____ St _____	Child 12-18yrs..... \$ _____
Email: _____	Zip: _____	Child 3-11yrs..... \$ _____
School: _____	List all family members to be housed with you. High school students must be enrolled on separate form.	Child 2 & under..... \$ _____
City: _____ State: _____		Total Enrollment Fees..... \$ _____
Birth date: _____	Spouse's Name: _____	Amount Enclosed (\$100 deposit required).. \$ _____
High School Gradutaion Year: _____	Child #1 _____ Sex _____ Age _____	Unpaid Balance..... \$ _____
Grade/Fall '08: _____	Child #2 _____ Sex _____ Age _____	_____ DISCOVER _____ MASTERCARD _____ VISA
Shirt Size: _____	Child #3 _____ Sex _____ Age _____	Expiration Date: _____
	Child #4 _____ Sex _____ Age _____	Card #: _____
	Will you need a baby crip? Yes _____ No _____	Card Holders Name: _____
		Card Holders Address: _____
		City: _____ St _____ Zip _____
		Signature: _____