



WMAA Summer Camp Registration

Child's Name: _____ T shirt size _____

_____ T shirt size _____

Please circle weeks attending:

Week 1: June 11-15th

Week 2: July 16-20th

Parent's Name: _____

Phone Number: _____

Emergency Number: _____

Notes: _____

Total: _____ \$209 / child
*(\$199 for 2nd / 3rd week or sibling)

PD: _____



WMAA Summer Camp Registration

Child's Name: _____ T shirt size _____

_____ T shirt size _____

Please circle weeks attending

Week 1: June 11-15th

Week 2: July 16-20th

Parent's Name: _____

Phone Number: _____

Emergency Number: _____

Notes: _____

Total: _____ \$209 / child
*(\$199 for 2nd / 3rd week or sibling)

PD: _____