



WMAA Summer Camp Registration

Child's Name: _____ T shirt size _____

_____ T shirt size _____

Please circle weeks attending:

Week 1: June 10-14th

Week 2: July 15-19th

Week 3: August 26 - 30th

Parent's Name: _____

Phone Number: _____

Emergency Number: _____

Notes: _____

Total: _____ \$219 / child
*(\$209 for 2nd / 3rd week or sibling)

PD: _____



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