

2009 BIG BLUE SPORTS CAMPS REGISTRATION

Have you attended a Big Blue camp in the past? yes no

PLEASE PRINT

Name _____
 Email _____
 Grade (fall 09) _____ M/F _____ Phone _____
 Address _____
 City _____ State _____ Zip _____

Costs and Payment Options

	Cost	Late Registration Fee
ONE CAMP		
Non-refundable deposit	<input type="checkbox"/> \$35	
Balance	<input type="checkbox"/> \$50	
Total	<input type="checkbox"/> \$85	<input type="checkbox"/> \$25
TWO CAMPS		
Non-refundable deposit	<input type="checkbox"/> \$60	
Balance	<input type="checkbox"/> \$85	
Total	<input type="checkbox"/> \$145	<input type="checkbox"/> \$25

A \$35 non-refundable deposit per person, per camp must accompany this form. The balance is due upon arrival (the \$35 deposit is included in the total cost.) You may include full payment with this form. Please make checks payable to Big Blue Sports Camps. Your registration provides BBC authorization to use photos/videos of the camper for promotional purposes.

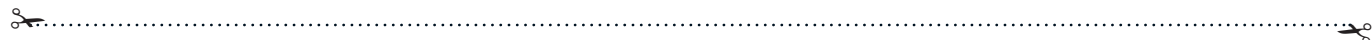
I am registering for the following:

Camp	Dates	Time	Late Fee After
<input type="checkbox"/> Basketball grades 2-4	June 15-19	9:00-11:45 am	June 8
<input type="checkbox"/> Basketball grades 5-8	June 15-19	1:15-4:15 pm	June 8
<input type="checkbox"/> Soccer grades K5-3	Aug 10-14	9:00-11:45 am	July 20
<input type="checkbox"/> Soccer grades 4-8	Aug 10-14	1:15-4:30 pm	July 20

I/We the parent/guardian of _____ hereby authorize the certified trainer of Big Blue Sports Camps to act for me/us according to his/her best judgment in any medical emergency. I/We understand that any insurance claims will be filed with my/our personal insurance.

Parent/Guardian (PRINT) _____
 Signature _____ Date _____
 Emergency phones: Dad work/cell (_____) Mom work/cell (_____) _____
 Insurance Company _____
 Policy No. _____

MAIL TO: BIG BLUE SPORTS CAMPS • 538 VENARD ROAD • CLARKS SUMMIT, PA 18411



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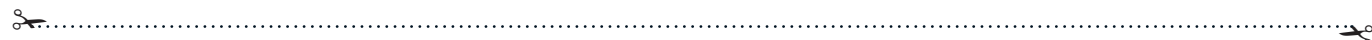
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