

School Day-Off Camps

(Single Day Camps)

Player's Name: _____

Address: _____

City: _____ ZIP: _____

Current Age _____

Birthdate: _____

email: _____

Parent/Guardian Name _____

Signature _____

Choose Camp(s):

_____ **October 31**

_____ **November 11**

_____ **November 28**

_____ **December 26**

_____ **January 2**

\$55/Camp