



2018 SUMMER CAMP REGISTRATION

PLEASE FILL OUT THE ENTIRE FORM, PRINT AND MAIL WITH YOUR CHECK
YOU MAY ALSO PRINT OUT AND PAY AT THE FRONT DESK

DATE: _____

NAME: _____ M F D.O.B. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____ CELL PHONE: _____

PLEASE USE THE CHECK BOXES FOR SELECTED WEEKS AND OPTIONS

WEEK #	DATES	FULL DAY	HALF DAY A.M.	HALF DAY P.M.	MEAL PLAN
WEEK 1	June 25 – June 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2	* July 2 – July 6 *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3	July 9 – July 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4	July 16– July 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5	July 23 – July 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6	July 30 – August 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7	August 6 – August 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8	August 13 – August 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 9	August 20 – August 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 10	August 27 – August 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFF JULY 4TH - 4 Day week

PRICING

FULL DAY CAMP \$199 / Sibling - \$169

WEEK 2 FULL DAY CAMP \$159 / Sibling - \$139 / 3rd Sibling - \$39

MEAL PLAN.....\$50/Week

HALF DAY CAMP..... \$99 / Sibling - \$89

WEEK 2 HALF DAY CAMP\$79 / Sibling - \$69 / 3rd Sibling - \$19

No refunds / All campers require a current physical to be submitted prior to entering camp.

TOTAL WEEKS _____

TOTAL MEAL PLAN \$ _____

TOTAL COST \$ _____

Form may be submitted by filling out PDF and emailing back to info@ctsportsarena.com. You may also mail the form with a check or visit the front desk at CSA.