

TRAINING CAMP REGISTRATION FORM

Adult Responsible for Payment

First Name _____ Last Name _____
Home Phone (____) _____ Work Phone (____) _____
Email _____
Street Address _____
City _____ State _____ Zip _____

Child Being Registered

First Name _____ Last Name _____
Grade _____ Birthday ____ / ____ / ____ Sex _____ School _____

Camp Session

	July 13 to 17	July 20 to 24	July 27 to 31	Aug 3 to 7	Aug 10 to 14
Session:	I	II	III	IV	V

(Please circle all that apply)

All Registrants Must Sign

I have read, understand and agree to the payment, refund and changes in registration policies stated in the camp brochure.

Signature _____ Date _____

Mail registration form and \$100 deposit made out to the **Washington Canoe Club** to:

Training Camp
3700 K Street NW
Washington, DC 20007