

**SUMMER CAMP REGISTRATION FORM**

*Submit payment and completed registration form to the MAC check in desk or mail to 216 N. Parsons Ave., Brandon, FL 33510. Make checks payable to FBC Brandon.*

Name of Student \_\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

**Circle what camp(s) you are registering for. Camps are from 9am-1pm.**

Cheer/Tumbling K5-2<sup>nd</sup>      Cheer/Tumbling 3<sup>rd</sup>-5<sup>th</sup>

Volleyball 4<sup>th</sup>-6<sup>th</sup>      Volleyball 7<sup>th</sup> & 8<sup>th</sup>

Basketball K5-2<sup>nd</sup>      Basketball 3<sup>rd</sup>-5<sup>th</sup>

\_\_\_\_\_ Yes, I will need extended care from 1-5pm

\_\_\_\_\_ No, I will pick up my child by 1pm.

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Emergency Contact Information

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (    ) \_\_\_\_\_

*For volunteer or staff use only*

Date \_\_\_\_\_ Amount collected \_\_\_\_\_ CASH or CHECK # \_\_\_\_\_