

# A.C.T. CAMP REGISTRATION FORM

## ADDITIONAL REGISTRATION INFORMATION

- Select the camp you wish to attend and follow registration instruction for your chosen location.
- The camp fee is listed by each camp location. A \$30.00 non-refundable deposit is required to reserve your space at camp.
- There is LIMITED space available for each camp. In the event the camp is not full on the day the camp begins, there will be an open registration from 8:30am – 9:00am.
- Please send check or money order (no cash).
- The balance of the camp fee will be due at check in on the first day of camp.
- A cancelled check confirms your registration. There will be a \$25.00 charge for any returned check.

## INDIVIDUAL REGISTRATION

Name of Camp (s):     FLORENCE (Checks payable to ACT)  
                                   TRENHOLM (Checks payable to Trenholm Park)

Date (s): \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Participants:

1: \_\_\_\_\_  RED CAMP  BLUE CAMP Age: \_\_\_\_\_

2: \_\_\_\_\_  RED CAMP  BLUE CAMP Age: \_\_\_\_\_

3: \_\_\_\_\_  RED CAMP  BLUE CAMP Age: \_\_\_\_\_

**TOTAL ENCLOSED: \$** \_\_\_\_\_

## TEAM REGISTRATION

Check one:

Varsity     Jr. Varsity     B-Team     Jr. High     Elementary

Date (s): \_\_\_\_\_

School: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

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

Coaches Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Coach's Home Address: \_\_\_\_\_

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

Number of Cheerleaders Attending: \_\_\_\_\_

Number of Coaches Attending: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

*(\$30 non-refundable deposit per camper is due to secure camp dates. Balance is due 30 days prior to camp)*

**TOTAL ENCLOSED: \$** \_\_\_\_\_

*(Return this form with your deposit)*