

PINEAPPLE PLAYHOUSE SUMMER CAMP REGISTRATION FORM
(one form per student)

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP _____

DATE OF BIRTH _____ GRADE _____

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PARENT / GUARDIAN:

NAME: _____ _ FATHER _ MOTHER _ GUARDIAN

NAME: _____ _ FATHER _ MOTHER _ GUARDIAN

HOME PHONE: _____ CELL: _____

EMAIL: _____ ALT PHONE: _____

IN CASE OF EMERGENCY, CONTACT _____

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TEE SHIRT SIZE (circle one) CM CL CLX AS AM AL ALX

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SESSION PREFERRED:

5 - 6 YEAR OLD DATES: _____ \$ 125

7 - 11 YEAR OLD DATES: _____ \$ 200

12 - 16 YEAR OLD DATES: _____ \$ 300

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SUBMITTED BY: _____ (signature)

PRINTED NAME: _____

DATE: _____

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SEND COMPLETED APPLICATION WITH CHECK PAYBLE TO "SLCT" TO

DEBORAH JOHNSON
552 SE CROSSPOINT DRIVE
PORT ST. LUCIE, FL 34983