



2021 JUNIOR CAMP SESSIONS

Name of student: _____ Age: _____

Session they would like to attend: _____

Half Day

Full Day

9am -12pm \$325

9am-4pm \$525

Name on Credit Card: _____

Email: _____ Phone number: _____

Credit Card Number: _____

Expiration Date: _____ CVC: _____ (3 digit number on back of card)

I _____ authorize to charge the amount listed above to the credit card provided.

Signature: _____

Date: _____

Print Name: _____

Please email your completed form to Pam Politi at pampoliti3@gmail.com