

# 2017 Registration Form



Father's Name \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Session (s):

- I June 12 - June 23       IV July 24 - August 4  
 II June 26 - July 7       V August 7 - August 18  
 III July 10 - July 21

What activities is your child most interested in? \_\_\_\_\_

How did you first learn about Camp Seascape?     Friend     Advertising     Camp Website  
 Internet     Yellow Pages     Returning Camper     Other \_\_\_\_\_

If Advertising, which ad? \_\_\_\_\_

Comments or Questions \_\_\_\_\_

Full Session Camp Fee (per two weeks)	\$695	_____
Weekly Camp Fee (per week)	\$395	_____
Daily Camp Fee (per day)	\$95	_____
Tennis Lessons (per week)	\$40	_____
Swim Lessons (per week)	\$40	_____
Extended Hours (per hour)	\$8	_____
Total amount enclosed:		<input style="width: 100px; height: 20px;" type="text"/>

Credit Card: Visa or MC # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Make checks payable to: Seascape Sports Club

**(50% non-refundable deposit due at time of registration and final payment due 21 days prior to beginning of session). Mail to: Camp Seascape, 1505 Seascape Blvd., Aptos, Ca., 95003  
 www.CampSeascape.com**