

# 2010 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 \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Session (s):

- |   |   |
|---|---|
| <input type="checkbox"/> I June 7 - June 18   | <input type="checkbox"/> IV July 19 - July 30     |
| <input type="checkbox"/> II June 21 - July 2  | <input type="checkbox"/> V August 2 - August 13   |
| <input type="checkbox"/> III July 5 - July 16 | <input type="checkbox"/> VI August 16 - August 27 |

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)	\$585	_____
Weekly Camp Fee (per week)	\$365	_____
Daily Camp Fee (per day)	\$95	_____
Tennis Lessons (per week)	\$40	_____
Swim Lessons (per week)	\$40	_____
Extended Hours (per hour)	\$7	_____
Total amount enclosed:		<input 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**