

SUMMER CAMP REGISTRATION FORM

Submit payment and completed registration form to the MAC check in desk or mail to 216 N. Parsons Ave., Brandon, FL 33510. Make checks payable to FBC Brandon.

Name of Student _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Circle what camp(s) you are registering for. Camps are Monday–Friday 9am-1pm.

Volleyball Ages 11-16 July 12-16 \$90

Basketball Ages 7–16 August 2-6 \$90

The Centurion Café will be open to purchase lunch for \$4 or you can pack your child a lunch. Snack will be provided.

_____ **Buying lunch** _____ **Bringing lunch**

Emergency Contact Information

Name _____ Relationship to child _____

Phone () _____

<i>For volunteer or staff use only</i>		
Date _____	Amount collected _____	CASH or CHECK # _____