

Parties 2 Dye 4 presents Camps 2 Dye 4

2010 Registration Form

*Must fill out one form for each session

Camper's Name: _____

Age: _____ M/F: _____ D.O.B: ____/____/____

Session Dates: _____

Parent/Guardian: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact Name: _____

Phone: _____

Allergies: _____

Medical Needs: _____

Mail completed registration form and \$30 deposit to:
5211-D W. Market Street
Greensboro, NC 27409

Payment Type: _____

Date Received: _____