

# 2011 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):

I June 6 - June 17       IV July 18 - July 29

II June 20 - July 1       V August 1 - August 12

III July 4 - July 15       VI August 15 - August 26

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)	\$625	_____
Weekly Camp Fee (per week)	\$385	_____
Daily Camp Fee (per day)	\$95	_____
Tennis Lessons (per week)	\$45	_____
Swim Lessons (per week)	\$45	_____
Extended Hours (per hour)	\$8	_____
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.SeascapeSportsClub.com**