



Attitude is everything...Enjoy the ride

2315 Baxter Rd
Chesterfield, MO 63017
314-914-2160

Camp 2024 Registration

Participant Name: _____

Address: _____

Parent/Guardian: _____

Phone Number(s) _____

E-Mail: _____

Age: _____ Favorite color: _____

Experience: _____

Select Session: _____ Second Choice: _____

T-shirt Size _____

*****Complete the Release of Liability Form, Medical Treatment Form*****

Camp Dates:

Camp 1: June 3-7

Camp 3: July 8-12

Camp 2: June 17-21

Camp 4: July 15-19

EARLY BIRD \$550.00 if received by April 1. Payment of \$575.00 due April 20. No Refunds after May 10

Office Use

Payment and completed forms received:

Liability _____

Medical _____

Parent/Student Questionnaire _____

Session Selection _____

Confirmation of Session to Participant sent:

DATE _____

Check Number _____

Amount _____

Initials _____