



Attitude is everything...Enjoy the ride

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

Camp 2025 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 9-13

___ Camp 3: July 7-11

___ Camp 2: June 23-27

___ Camp 4: July 21-25

EARLY BIRD \$575.00 if received by April 10. \$600.00 if paid by 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 _____