



SUMMER CAMP REGISTRATION

INSTRUCTIONS – Please print clearly and fill out the entire form. Mail the completed registration along with your non-refundable deposit of \$150 to: HERITAGE | ATT: SACONY SUMMER CAMP | 813 E. Market St. – York, PA 17403. Checks should be made payable to HERITAGE. In the memo, please write Sacony Summer Camp as well as your camper's name. Once received, we will send you a confirmation via the email you provided below. If you have any questions, please call our York office at 717.854.1220 EXT: 2.

CAMPERS INFO

FULL NAME: _____ Name Camper goes by: _____

BIRTHDATE: ____/____/____ Age at time of summer camp: _____ Male or Female? _____

FAMILY & EMERGENCY CONTACT INFO

Name of Parents / Guardians: _____

Address: _____ City: _____ Zip: _____

Cell Numbers: _____ Work Numbers: _____

Email: _____

Back Up Emergency Contact Person: _____

Cell Number: _____ Relationship to Camper: _____

CAMPER PROFILE

Ethnicity (optional) _____ Church they attend: _____

Tell us about your child's behaviors, personality, etc: _____

WEEK SELECTION (\$)

Circle the weeks that your camper will be attending.

- | | |
|---------------|---------------|
| 06/13 – 06/17 | 06/20 – 06/24 |
| 06/27 – 07/01 | 07/11 – 07/15 |
| 07/18 – 07/22 | 07/25 – 07/29 |
| 08/01 – 08/05 | 08/08 – 08/12 |

SIGNATURE OF PARENT/GUARDIAN

The camper names above have my consent to attend Sacony's summer camp and participate in all activities. By signing this form, I authorize Sacony to use photos / videos of the camper named above for promotional purposes.

SIGNATURE: _____