

**YOUTH CAMP 2017
June 19-23
Laguna Beach, FL
\$325**



**To be considered registered you must
fill out & turn in the bottom portion of
this form along with a \$50 non-
refundable deposit**

Detach and turn in:

Name: _____ **Grade** ____ **M/F** ____

Address: _____

Phone No: _____ **T-shirt size** _____

Parent's Name: _____

**2017 notarized medical form & copy of insurance card
must accompany your final payment.**