



Summer Camp Registration

School Name: _____ Team Grade Level: _____

School Address: _____ City: _____ State _____ Zip: _____

Sponsor's Name: _____ Sponsor's Cell Phone Number: _____

School Phone Number: _____

Squad's Emergency Contact Name : _____ Phone Number: _____

Select your Camp (please circle one)

Private Camp Stunt intensive Camp Overnight Camp

Number of Days in Your Camp: 1 Day 2 Days 3 Days 4 Days 5 Days 6 Days 7 Days

Camp Date Request: ____/____/____ - ____/____/____

Payment Procedure

A \$35 per person deposit is due with the return of this registration form. The balance is due prior to the first day of camp. Please make all checks payable to SCA

_____ X _____ = _____
Camp Rate \$ number of participants Total

_____ X _____ = _____
\$35 deposit number of participants Total Deposit

Specific Requests for Camp?

Please mail, fax, or email all registrations to:

**SCA Summer Camps
1880 West Oak parkway Suite 218
Marietta, GA 30062
Fax: 770 977-1957
Email: www.mccupie@aol.com**