

2016 O.B.Y.G. August Intensive Registration Form

Camper Name: _____ Age: _____ Gender: M/ F
Parent/Guardian Name(s): _____
Email: _____
Local Address: _____
Home Address: _____
Local phone: (_____) _____ Cell phone: (_____) _____
Allergy or Medical Concerns: _____

Applications and Fees:

Applications are due at the OBYG office by **Wednesday, August 17th.**

Payment is required with each application at the O.B.Y.G. camp office by **Friday, August 19th.**

A \$15.00 administrative fee will be added for those who register after Friday, August 19th.

Local Legends Basketball:

- \$75/day. Day(s) attending _____
- \$350/week (5 days) for 4-7 year olds
- \$275/week (4 days) for 8-13 year olds

Hip Hop (ages 7-14)

- \$80/day. Day(s) attending _____
- \$350/week

Wakeboarding (ages 10-14)

(please circle days attending and session)

- \$50/session. Day(s) attending: M T W Th Session: 1 2 3 4
- \$175/week **Days attending: Monday- Thursday** Session: 1 2 3 4

Sailing (ages 8-14)

- \$125/day. Day(s) attending _____
- \$500/week

Medical Waiver:

My child is in good health and is able to participate in all activities associated with the camp.

Parent/Guardian Signature: _____

Payment Information: Cash, Check, or Credit Card - Make checks payable to: *O.B.Y.G.*

Credit Card Type: Visa MasterCard (No American Express)

Total Amount charged to Credit Card: \$ _____

Name on Card: _____ Billing Zip Code: _____

Credit Card Number: _____ Expiration Date: ____ / ____

\$ _____ Camper Total \$ _____ Family Total