

**Business Training Center**  
Tel 448-0248, Fax 449-9038

**Application for Admission**

**Summer Program**

**REGISTRATION**

AMT PAID \_\_\_\_\_

DAYS: \_\_\_\_\_

Rec NO. \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Name of School \_\_\_\_\_ Grade / Form \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_ Tel # \_\_\_\_\_

What arrangements do you have to collect your son/daughter after camp? \_\_\_\_\_

Will your son/daughter come on outdoor trips?  
\_\_\_\_\_

Do you have any specific Medical conditions that we should know about? \_\_\_\_\_

**State Program Choices:** \_\_\_\_\_

In case of an emergency, please contact: \_\_\_\_\_

Telephone \_\_\_\_\_

**PARENT / GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Absolutely NO refunds for failure to complete the full course*