

# SPX SUMMER CAMP

DAY CAMP ENTERING GRADES K - 7TH

CAMPER NAME \_\_\_\_\_

MEMBER/ GUEST # \_\_\_\_\_

DATE: \_\_\_\_\_

WEEK	MEMBER	NON-MEMBER	WEEKLY COST
JUNE 27- JULY 1	\$260	\$295	
JULY 5- 8 * NO CAMP 7/4	\$208	\$231	
JULY 11-15	\$260	\$295	
JULY 18-22	\$260	\$295	
JULY 25-29	\$260	\$295	
AUG 1-5	\$260	\$295	
AUG 8-12	\$260	\$295	
AUG 15-19	\$260	\$295	
AUG 22-26	\$260	\$295	
TOTAL			

BONUS WEEK

## EXTENDED CARE

WEEK	7:00-9:00 AM		4:00- 7:00 PM		WEEKLY COST
	PER WEEK	PER DAY	PER WEEK	PER DAY	
JUNE 27- JULY 1	\$40	\$12	\$45	\$12	
JULY 5- 8 * NO CAMP 7/4	\$40	\$12	\$45	\$12	
JULY 11-15	\$40	\$12	\$45	\$12	
JULY 18-22	\$40	\$12	\$45	\$12	
JULY 25-29	\$40	\$12	\$45	\$12	
AUG 1-5	\$40	\$12	\$45	\$12	
AUG 8-12	\$40	\$12	\$45	\$12	
AUG 15-19	\$40	\$12	\$45	\$12	
AUG 22-26	\$40	\$12	\$45	\$12	
TOTAL					

DAY CAMP	
EXTENDED CARE	
LESS DISCOUNT	
TOTAL	



PAID IN FULL

PAYMENT PLAN

THREE PAYMENTS  
 :1/3 UPON REGISTRATION  
 2ND PAYMENT DUE MAY 2ND  
 FINAL PAYMENT JUNE 1ST

# CAMP REGISTRATION

CAMPER NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

GRADE CHILD IS ENTERING IN THE FALL \_\_\_\_\_

PREVIOUS SPORTSPLEX CAMPER? \_\_\_\_\_ IS CAMPER A SPORTSPLEX MEMBER? \_\_\_\_\_

## PRIMARY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CAMPER) \_\_\_\_\_

CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

## SECONDARY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CAMPER) \_\_\_\_\_

CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

\*PRIMARY CONTACT WILL RECEIVE TEXT MESSAGES ABOUT WEATHER AND EMERGENCY CLUB CLOSINGS

## EMERGENCY CONTACTS DURING PROGRAM HOURS (7:00AM-7:00PM)

THE FOLLOWING CONTACTS LISTED BELOW WILL BE ABLE TO PICK UP YOUR CHILD FROM CAMP.  
IF THEY ARE NOT ON THIS LIST, THEY WILL NOT BE ABLE TO PICK UP YOUR CHILD.

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

CELL # \_\_\_\_\_ WORK/DAYTIME # \_\_\_\_\_

I HAVE READ AND AGREE TO THE TERMS OF THE ENROLLMENT AGREEMENT  
INCLUDED IN THE CAMP BROCHURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE