

Sports County Camp Enrollment Form

Child's name _____ Son/Daughter _____ Age at session date _____
Grade completed by this summer _____ School attending _____
Parent's name _____ Phone Daytime _____ Evening _____ Cell _____
Mailing address (include, city and zip) _____

_____ email _____
Enclosed is my deposit of \$ _____ for Session # _____ Dates _____

Optional: Names and addresses of interested friends (thanks!)

MAIL WITH CHECK TO: Sports County Camp • P.O. Box 414 • Dripping Springs, TX 78620

