Please complete & drop off at Glenolden School or mail to:

Mr. Bittner & Mr. Van Wyk
Interboro Sports Camp
150 S MacDade Blvd.
Glenolden, PA 19036

610-996-8514
interborosportscamp@yahoo.com

Interboro Sports Camp
Summer 2019

www.interborosportscamp.com

For Office Use Only
Date Received _____
Camper Number _____
Check Number _____
Check Amount _____
Balance _____

(Check ALL Weeks Attending)

☐ Week #1 June 17th – 20th (G) ☐ Week #3 July 8th – 11th (PP)

☐ Week #2 June 24th - 27th (G) ☐ Week #4 July 15th – 18th (PP)

__ Total Number of Sessions

- **EARLY REGISTRATION $75** (per week) on or prior to June 13th
- Registration after June 13th - $90 (per week)
- Please make checks out to "Interboro Sports Camp"
- All camps run Monday through Thursday, Students entering grades K-8
- $5 discount per child, 3-4 weeks $5 off per week

Camp weeks **1-2** are from **9:00 a.m. to 12:00 p.m.** at ***GLENOLDEN SCHOOL

Camp weeks **3-4** are from **11:00 a.m. to 2:00 p.m.** at ***PROSPECT PARK SCHOOL

☐ Full payment – check enclosed ☐ $30 Deposit (per week) Enclosed (balance due first day of camp)

_____M/F_____
Camper Name Parent/Guardian Name

_____
Parent e-mail address

_____
Address

_____
Daytime Phone Age T-Shirt: Youth S, M, L, Adult S, M, L (please circle)

_____
Emergency Contact Insurance Company/Policy
Daytime Phone Number:

_____
Existing medical problems, medicine child is currently taking and allergies

I hereby give my full consent and approval for my child to take part as a member of Interboro Sports Camp. I hold harmless the Interboro Sports Camp and its officers and representatives for any injury suffered by my child. I have carefully read all of the information in this application form and agree to all conditions stated.

_____ _____
Signature Date