



Trinity Knights' Summer Camp 2020 REGISTRATION FORM

How to register: Please fill out the information below and check the box for each week that your child will be attending camp. Attach a **non-refundable deposit of \$25 per week** to this form along with the **\$25 registration fee per family** at the time of registration. Session fees must be paid in full on the due dates listed below.

Child's Name _____ Name child goes by: _____

D.O.B. _____ Gender _____ Child's T-shirt size _____

Child's Address _____

City _____ State _____ Zip _____

Parent Name(s) _____

Primary Phone _____ Secondary Phone _____

Parent Email(s) _____

Please indicate which age group your child will be registered in:

Junior Knight (4-6) _____ Summer Knight (6+) _____ Counselor in Training (Middle School) _____

| Session | Dates: | Balance Due Date: | Session Cost : | Late Pick-up 5:30-6:00 | Attending (Please ✓): |
|---------|----------------|--------------------|----------------|-----------------------------------|----------------------------------------------------------|
| 1 | June 8-12 | Wednesday, June 3 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | June 15-19 | Wednesday, June 10 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | June 22-26 | Wednesday, June 17 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | June 29-July 4 | Wednesday, June 24 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | July 6-10 | Wednesday, July 1 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | July 13-17 | Wednesday, July 8 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | July 20-24 | Wednesday, July 15 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | July 27-31 | Wednesday, July 22 | \$175 | \$25 <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

☐ Registration Fee
(\$25 per family)

☐ Sibling Discount
(\$10 per session for each additional child)

☐ Late Pick Up Fee
(\$25 per family, per week)

TOTAL DUE = \$ _____ AMOUNT PAID = \$ _____

Form of Payment: ☐ Cash ☐ Check No. _____ Staff Initials _____