

2010
Camp Connect, LLC Registration Form

Student's name _____

Male _____ Female _____

Age/grade entering in the Fall: _____

Parent's Names: _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Check Session you would like your child to attend:

___ Session One (Monday-Tuesday, July 12, 13, 19, 20, 26, 27)

___ Session Two (Wednesday-Thursday, July 14, 15, 21, 22, 28, 29)

Fee: \$450.00 per Session (50.00 discount if registered by May 31, 2010)
(non-refundable cancellation fee of 100.00)

Make checks payable to:
Camp Connect, LLC
P.O. Box 20571
Roanoke, Virginia 24018

Camp Packet will be mailed upon receipt of registration form.