



Summer Camp Registration
2010

Student Name: _____ Date of Birth: _____ Age: _____

Parents Name: _____ Phone: (H) _____ (Cell) _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: _____

School Currently attending: _____

Grade in Fall 2008 _____

Additional information we should know about the student: _____

Choice of weeks:

| | | | |
|----------------|--|------------|--|
| June 14-18 | | July 12-16 | |
| June 21-25 | | July 19-23 | |
| June 28-July 2 | | | |

I understand that all students must treat others respectfully and that safety is the first concern of everyone at the Camp.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*Please send in camp fee along with registration to:

(Make checks payable to **Starbot Inc.**)

Starbot Summer Camp
7865 SW 21 Terrace,
Miami, FL 33155