



Rialto Sports Summer Camp Registration

Allergies: _____

CHILD'S NAME FIRST, LAST

NICKNAME

ADDRESS

CITY

STATE

ZIP

PARENT OR GUARDIAN NAME FIRST, LAST

PHONE

PARENT OR GUADIAN EMAIL ADDRESS

HOW DID YOU HEAR ABOUT OUR CAMP?

Before Camp is 8am-9am \$10 weekly per child

Camp is 9am-4pm \$125 weekly per child

After Camp is 4pm-6pm \$15 weekly per child

Date: _____ Employee: _____ Payment Method: Credit/Check/Cash Total Paid: \$ _____

Name on Credit Card: _____ Credit Card # _____ - _____ - _____ exp: _____ CCV _____

Signature _____ Date _____

Week #1 June 3- June 7 BC ___ C ___ AC ___ RegFee _____

Week #7 July 15- July 19 BC ___ C ___ AC ___ RegFee _____

Week #2 June 10- June 14 BC ___ C ___ AC ___ RegFee _____

Week #8 July 22- July 26 BC ___ C ___ AC ___ RegFee _____

Week #3 June 17- June 21 BC ___ C ___ AC ___ RegFee _____

Week #9 July 29- August 2 BC ___ C ___ AC ___ RegFee _____

Week #4 June 24- June 28 BC ___ C ___ AC ___ RegFee _____

Week #10 August 5- August 9 BC ___ C ___ AC ___ RegFee _____

Week #5 July 1- July 3 BC ___ C ___ AC ___ RegFee _____

Week #11 August 12- August 16 BC ___ C ___ AC ___ RegFee _____

(NO CAMP JULY 4 & 5)

Week #6 July 8- July 12 BC ___ C ___ AC ___ RegFee _____