

School Attending (2024/2025 School Year) _____

Parent Name: _____ Referred by: _____

Parent Signature: _____ E-Mail: _____

(AUTHORIZES ENROLLMENT AND TREATMENT IN CASE OF EMERGENCY)

A \$50 deposit (per week) is due immediately to guarantee your reservation. Please call for additional discounts.

Return this form along with deposit to:

Coach Marty's All Star Camp
EMAIL: MARTYSCAMPS@GMAIL.COM • www.martyscamps.com
Tel 954 -513-9666