Fly St. Pete Summer Camp Registration Form

Camper Name: _____ Likes to be called: _____

Birthdate: _____ Age: _____ M/F: _____

Fly St. Pete
Ages 8-12

☐ Week of 6/8/2020

☐ Week of 6/22/2020

Parent/Guardian Information

_____ _____
Name Mailing address

_____ _____ _____
Signature City Zip

_____ _____
Cell Phone Work Phone

E-mail address _____ (needed for confirmation)

_____

*Amount enclosed $_____ Ck. # _____ Checks payable to Fly St. Pete

Credit card Information: ☐ Am Ex ☐ Discover ☐ MC ☐ VISA

Card # _____ Exp. Date _____

Signature _____ 3-digit security code _____

*NOTE: A $100 non-refundable deposit reserves camp with balance due 2 weeks before camp starts.

Return all registration materials with payment to:
AWAPS/Fly St. Pete
451 8th Ave S.E.
St. Petersburg, FL 33701

Use reverse side for any additional information you would like us to know.