



Fly St. Pete Summer Camp Registration Form



Camper Name: _____ Likes to be called: _____

Birthdate: _____ Age: _____ M/F: _____

Fly St. Pete

Week of 6/5/2023 Ages: 9 -10

Week of 6/19/2023 Ages: 11-12

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.*

