



# Fly St. Pete Summer Camp Registration Form



Camper Name: _____ Likes to be called: _____	
Birthdate: _____ Age: _____ M/F: _____	
<b>Fly St. Pete</b> Ages 7-12	<input type="checkbox"/> Week of 6/26/2017 <input type="checkbox"/> Week of 7/10/2017
<b>Parent/Guardian Information</b>	
_____	_____
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: <input type="checkbox"/> Am Ex <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> 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.	
<b><i>Return all registration materials with payment to:</i></b> Fly St. Pete 451 8 <sup>th</sup> Ave S.E. St. Petersburg, FL 33701	<i>Use reverse side for any additional information you would like us to know.</i>