



## 2017 SUMMER CAMPS REGISTRATION FORM

Participant's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

School Attending: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Parent email address: \_\_\_\_\_

Camps: \_\_\_\_\_ Session: \_\_\_\_\_ Fee: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

I am enclosing the camp fee(s) with this application. **Checks should be made payable to Roncalli Catholic.**

Please charge to my Visa/MasterCard: # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Camp cancellations must be made one week prior to the first day of camp.**

**TO REGISTER:**

In Person: Roncalli Catholic High School, 6401 Sorensen Parkway, Omaha

By Phone: Sue McGonigal at (402) 571-7670

By Mail: Complete registration form and send with payment to:

**Attention: Summer Camps**

Roncalli Catholic, 6401 Sorensen Parkway, Omaha, NE 68152

I hereby grant Roncalli Catholic High School permission to use \_\_\_\_\_'s camp photo and/or image in Roncalli Catholic Summer Camp promotional material.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date

*Make checks payable to Roncalli Catholic*

*All camps will be held at Roncalli Catholic  
6401 Sorensen Parkway, Omaha*