

\$50 Registration Camp Fee + \$25 Materials Fee (non-refundable)* Register by June 5 Please make checks payable to: Shannon Bryant Registration and payment can be returned to New Hope Christian Academy

Name:	
Male Female Date of Birth:	Age: Grade (Fall 2017):
Street Address:	
Primary Parent:	Secondary Parent:
Name:	Name:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Grades 1-4 June 12-16 (9:00am-10:30am)	Grades 5-8 June 12-16 (11:00am-12:30pm)
T-Shirt Size: Please circle one.Adult:SMLXLXXL	Child: S M L
Emergency Information: <i>Please list an emergency</i> Name:	<i>contact in the event the parent/guardian cannot be reached.</i> Relationship:
Cell Phone:	Work Phone:
Pick-Up: *Note: your child will only be released to wh	homever is indicated on this form.
Name:	Phone:
Name:	Phone

Yes, please contact me with more information about Private Lessons. (Open to all ages.)