

"WHERE THE TEACHING NEVER STOPS"

FIVE STAR BALTIMORE 2012 CAMP REGISTRATION FORM

Name _____

Address _____

City, State, Zip _____

Home Phone _____

E-Mail _____

Grade (as of Sept 2012) _____

School _____

Emergency Contact Person _____

Daytime Phone _____

Parent/Guardian Signature _____

Five-Star - RPCS - Park School
are not responsible for campers picked up after 4:30pm.

Name of Insured Family Member _____

Insurance Company _____

Please visit our website to register by VISA / MC

www.fivestarbaltimore.com

Check boxes to indicate sessions

BOYS Sessions

- #1 June 25-29 Park
 #2 July 9-13 RPCS
 #3 July 16-20 RPCS
 #4 July 30-Aug 3 RPCS
 #5 Aug 6-10 Park
 #6 Aug 13-17 Park

GIRLS Sessions

- #7 July 30-Aug 3 RPCS

Total # of Sessions: _____

Sub-Total Fee \$ _____

Camp Store Deposit \$ _____

TOTAL \$ _____

Make Checks Payable to:

FIVE-STAR BALTIMORE

P.O. Box 155

Timonium, MD 21094