



2017 OCEAN CITY SUMMER YOUTH CREW CAMP

Please check off which sessions your child/children will attend:

_____ **Session 1:** July 17 to 20, 5 to 7:30 p.m. (make-up date July 21)

_____ **Session 2:** July 24 to July 27, 5 to 7:30 p.m. (make-up date July 28)

_____ **Session 3:** July 31 to Aug. 3, 5 to 7:30 p.m. (make-up date Aug. 4)

_____ **Session 4:** Aug. 7 to 10, 5 to 7:30 p.m. (make-up date Aug. 11)

Child's Name: _____

Age: _____

If more than one family member is attending:

Child's Name: _____

Age: _____

Address: _____

Guardian Name: _____

Contact Phone #: _____

Guardian's Signature: _____

Emergency Contact: _____

Emergency Phone #: _____

Please make check out to Ocean City Crew Boosters and mail this form to:

Ocean City Crew Boosters, Inc.

PO Box 205

Ocean City, NJ 08226