



泰山武術學校

TAISHAN SCHOOL OF MARTIAL ARTS

2021 summer camp registration form

No: _____

camper information								
First name :				Last name:				
Birth date:		Age:		Gender:		F M		
Guardian information								
First name :				Last name:				
Home address: apt/unit#:				street:				
city/town:				postal code :				
Home phone :		Cell phone:			Work phone:			
Emergency contact:				Emergency contact phone:				
MEDICAL CONDITIONS/ALLERGIES:								
PARTICIPANT INFORMATION check <input type="checkbox"/> the days or week								
Week 275.00+tax/ week	Day 65.00+tax/day						Days total	Week total
1	July	5	6	7	8	9		
2	July	12	13	14	15	16		
3	July	19	20	21	22	23		
4	July	26	27	28	29	30		

Total amount: _____