

Summer Camp  
Registration Form

Participant name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

*Emergency contact information*

Parent name \_\_\_\_\_

Parent phone \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Policy/Card # \_\_\_\_\_

*Lunch Menu*

Subway Turkey \_\_\_\_\_ Vegetarian \_\_\_\_\_

Special \_\_\_\_\_  
Please explain

Pizza Cheese \_\_\_\_\_ Pepperoni \_\_\_\_\_

I don't eat pizza \_\_\_\_\_

Pat and Oscars Pasta with cheese sauce \_\_\_\_\_

Pasta with meat sauce \_\_\_\_\_

Breadsticks and salad included.

T-shirt size           YS           YM           YL

Circle one           AS           AM           AL           XL

Please turn form into office with payment or mail to:

*West Coast Mavericks*  
*702 Broadway*  
*El Cajon Ca, 92020*