

# Summer Sports Camps

## Camper Registration Form (Grades K-8<sup>th</sup>)

**Register by May 1st**  
**and bring a friend for FREE!**

(Friend may include a family member but they must attend same camp)



### Check your camp(s)

- |                                       |                           |
|---------------------------------------|---------------------------|
| <input type="checkbox"/> July 18-22   | <b>Basketball</b> \$165   |
| <input type="checkbox"/> July 25-29   | <b>Football</b> \$165     |
| <input type="checkbox"/> August 1-5   | <b>Volleyball</b> \$165   |
| <input type="checkbox"/> August 8-12  | <b>Baseball</b> \$165     |
| <input type="checkbox"/> August 8-12  | <b>Cheerleading</b> \$165 |
| <input type="checkbox"/> August 15-19 | <b>Soccer</b> \$165       |



(Lunch Provide)

Please use one registration form per child.

Campers Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (mm/dd/year) Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parents Full Name or Guardian: (print name) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
E-mail address (parent/guardian): \_\_\_\_\_

Before Camp Care Needed: No / Yes (\$20)

After Camp Care Needed: No / Yes (\$20)

Deposit Enclosed: \$ \_\_\_\_\_  
(Enclose \$25/camp balance due first day of camp)

(If this form for the **FREE** (friend) camper enter friend name below)

Camper Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please make checks payable to:

**Mt Oak Fellowship**  
**14110 Mt Oak Road**  
**Mitchellville MD, 20721**  
[Sports@mtoak.org](mailto:Sports@mtoak.org)  
[www.mtoaksports.org](http://www.mtoaksports.org)