

SFCS SPORTS CAMP

Basketball/Baseball/Softball

JULY 15-19

Students entering Grades 3-8

8:00 AM- 5:00 PM Monday -- Friday

FAMILY INFORMATION:

Parent Name _____
Child Name _____ DOB: _____ Age _____ Grade _____ Male Female
Child Name _____ DOB: _____ Age _____ Grade _____ Male Female
Child Name _____ DOB: _____ Age _____ Grade _____ Male Female
Address _____
City _____ State _____ Zip _____ E-mail _____
Home Phone () _____ Work Phone () _____ Fax () _____

Students will bring their own lunch.

BASKETBALL CAMP FEES:

Per child \$125.00 = \$ 125.00
Number of Children _____ X \$125.00 = _____
Total = _____

Signature _____

Date _____

You may register online by emailing this registration form and using Paypal! Lhines@cabrinischool.com

If registering by mail, please send your registration to:
St. Frances Cabrini School
Attn: Sports Camp
2215 E. Texas Ave.
Alexandria, LA 71301

FOR OFFICE USE ONLY

Family Registration: _____
One Child Registration: _____
Total: \$ _____
Check # _____
Cash \$ _____