

Florida Triple Threat Summer Camp Form

Camper: _____

DOB: _____

Address: _____

City: _____ State: _____

Grade for 2020-2021 School Year: _____

Emergency Contact Information:

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

Allergies: _____

Weeks Available

Must have at least 20 kids a week to open

_____ Week 1 June 15-19 9-3pm	_____ Before/After Care 8am/3-5pm
_____ Week 2 June 22-26 9-3pm	_____ Before/After Care 8am/3-5pm
_____ Week 3 June 29- 3 9-3pm	_____ Before/After Care 8am/3-5pm
_____ Week 4 July 6-10 9-3pm	_____ Before/After Care 8am/3-5pm
_____ Week 5 July 13-17 9-3pm	_____ Before/After Care 8am/3-5pm
_____ Week 6 July 20-24 9-3pm	_____ Before/After Care 8am/3-5pm
_____ Week 7 July 27-31 9-3pm	_____ Before/After Care 8am/3-5pm