

THE LEADERSHIP ACADEMY 2009

Brockport Auxiliary Service Corporation ♦ 350 New Campus Drive ♦ Brockport, NY 14420
Phone: (585) 395 – 2275 ♦ Fax: (585) 395 – 2336 ♦ E-mail: summercamps@brockport.edu

Camper Registration Information

ALL information requested below is required. If any information is missing, your child's reservation will be withheld until we have a completed registration form.

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

Parent or Guardian: _____
Phone: Day-Time: (____) _____ Evening: (____) _____
Cell Phone: (____) _____

Additional Contact #1: _____ Relationship: _____

Phone: Day-Time: (____) _____ Evening: (____) _____
Cell Phone: (____) _____

Additional Contact #2: _____ Relationship: _____

Phone: Day-Time: (____) _____ Evening: (____) _____
Cell Phone: (____) _____

Full Name of School: _____ Current Grade: _____

T-shirt Size: ___ S ___ M ___ L ___ XL

Payment is enclosed for: Deposit Only of \$150 Full Payment of \$575

Method of Payment: Personal Check Money Order Visa MasterCard Discover

Account # : _____ Exp. Date: _____

Print name as it appears on card: _____

Signature of Card Holder: _____ Date: _____