



MOVING LEADERS FORWARDSM

2017 Camp Application

Child's First Name Middle Initial Last Name

Date of Birth Age as of July 1, 2017

School School Grade as of 09/01/2017

Parent/Guardian Name Relationship

Mailing Address

City State Zip

Home Phone Work Phone Cell Phone

Parent email address

How did you hear about us?

Child's t-shirt size: Child's M Child's L Adult S Adult M Adult L Adult XL

Emergency Contact Name Phone

Medical Insurance Co. Policy Number

I enclose a non-refundable deposit of \$100 per child to reserve a place for her. I understand that when the application is accepted, the fee will be credited toward the \$375 tuition for the one-week camp. I realize that the balance of the **tuition must be paid in full before July 1st 2017** to assure my child a space in the program. I also give my permission for photographs and videos of my child to be used in promotional materials.

Signature of Parent/Guardian Date

Please make your check payable to Moving Leaders Forward and mail to Moving Leaders Forward, Inc.,
60 Ledgewood Place, Rockland, MA 02370. Phone 781-561-5268