

Jersey Productions'
CAMP JERSEY INTENSIVE
2011 SUMMER INTENSIVE REGISTRATION FORM
(Please print clearly)

STUDENT NAME _____

DATE OF BIRTH _____ GENDER _____

GRADE (11/12 SCHOOL YEAR) _____ SHIRT SIZE (inc. child or adult) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME _____ WORK# _____ CELL# _____

FATHER'S NAME _____ WORK# _____ CELL# _____

EMERGENCY CONTACT (IF PARENTS NOT AVAILABLE):

NAME _____ RELATION TO CAMPER _____

WORK# _____ CELL# _____

MEDICAL INFORMATION:

STUDENT'S PHYSICIAN _____ PHYSICIAN'S# _____

ALLERGIES / MEDICAL CONCERNS: YES ___ NO ___

(if "yes" please describe) _____

HOW DID YOU HEAR ABOUT CAMP JERSEY INTENSIVE? _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Mail this registration form & tuition to: Jersey Productions PO Box 121227 Covington, KY 41012
Please make check payable to Jersey Productions.

Registration forms can be accepted by email & payment can be made by credit card for a 3% fee.
We're sorry but we will not be able to offer refunds after June 1, 2011

Please attach a resume with the registration (for informational purposes only).

Please contact Kelly@jerseyproductions.org with questions and for more information.