

2008 UCLA GIRLS VOLLEYBALL CAMP REGISTRATION FORM

Camper Name: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Email (required for confirmation): _____
Grade in School (Fall '08): _____ School: _____
Mother/Guardian: _____ Day Phone (cell/work): _____
Father/Guardian: _____ Day Phone (cell/work): _____
Position: _____ Roommate Preference (overnight campers only): _____
How did you hear about this camp? _____

MEDICAL INFORMATION

Emergency Contact (other than parent): _____ Phone: _____
Family Doctor: _____ Phone: _____
Allergies: _____
Current medications: _____ Date of last tetanus booster: _____
Pertinent Medical History: _____
Insurance Policy Holder's Name (required): _____
Insurance Co. (required): _____ Policy # (required): _____

SESSIONS

Enter Amount:

Day Camp: June 30-July 2 (Girls, ages 9-13)- **\$275**
 After-Care (till 5:30pm) - **\$75** \$ _____

Overnight Camp: July 26-28 (Girls, ages 13-18)
 Resident **\$525** Commuter **\$450** \$ _____

UCLA Alumni Association or Faculty/Staff Discount - less \$25 per camper - \$ _____
(MUST include copy of card to receive discount)

TOTAL DUE: \$ _____

PAYMENT

Payment enclosed: Full payment
 Deposit only (\$150 per session - balance due by June 2)
Please review our cancellation policy at www.uclasportscamps.com
 CHECK - Payable to UC Regents (please include camper's name on check)
 CREDIT CARD - if paying deposit only, the balance will be charged on June 2
Please charge my: Visa Mastercard Discover (sorry, no American Express)
Card #: _____ Exp. Date: _____ / _____
Cardholder's Name (print): _____
Cardholder's Signature: _____

Register online at www.uclasportscamps.com

By fax: (310) 206-7527

By mail: UCLA Sports Camps

P.O. Box 24044

Los Angeles, CA 90024-0044

Questions? Call (310) 206-3550 or email camps@athletics.ucla.edu