

Bud Beech Summer Camp 2018 Application

Camper: _____ Age: _____ D.O.B. ____/____/____

Mother's Name: _____ Email _____

Work (____) _____ - _____ Cell(____) _____ - _____ Home (____) _____ - _____

Father's Name: _____ Email _____

Work (____) _____ - _____ Cell(____) _____ - _____ Home (____) _____ - _____

Address: _____ City _____ State _____ Zip _____

1. On the table below, please circle A.M. (8:30-11:30am) P.M. (12-3 pm) or both for the desired days and times of camp attendance.
2. Then circle either "B" for basketball, (afternoons only) "D" for dance (morning and afternoon) and/or "SF" for sports fitness (morning and afternoon).
3. **Checks are payable to: Sharks Summer Camps.** (\$15 each Half Day (a.m. or p.m.) or \$30 each full day BEFORE May 31st. If registering AFTER May 31st, \$20 each Half Day or \$40 each full day.)
5. Mail completed application(s) to: Bud Beech Summer Camp, 217 South Mill Ridge Trail, Ponte Vedra Beach, Florida 32082.
6. Registration /drop off is either 8:15 a.m. or 11:45 p.m. Lunch is from 11:30 to Noon.
7. Campers may bring a lunch or bring \$5 for two slices of pizza, soft drink & ice pops each day. Lunch is from 11:30 am to Noon. Lunch may be paid in advance for the week and included in the payment.
8. NOTE: NO CAMP THE WEEK OF JULY 2nd .

REVISED SCHEDULE 03.02.2017

Day	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		Week 7		
Monday	June 4		June 11		June 18		June 25		July 9		July 16		July 23		
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
	SF	D	B	SF	D	B	SF	D	B	SF	D	B	SF	D	B
Tuesday	June 5		June 12		June 19		June 26		July 10		July 17		July 24		
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
	SF	D	B	SF	D	B	SF	D	B	SF	D	B	SF	D	B
Wednesday	June 6		June 13		June 20		June 27		July 11		July 18		July 25		
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
	SF	D	B	SF	D	B	SF	D	B	SF	D	B	SF	D	B
Thursday	June 7		June 14		June 21		June 28		July 12		July 19		July 26		
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
	SF	D	B	SF	D	B	SF	D	B	SF	D	B	SF	D	B

Waiver Claims: I, as a parent or guardian, hereby give permission for my child to participate in the Bud Beech Summer Camp program at Ponte Vedra High School. I acknowledge the fact that he/she is physically able to participate in the camp activities. I hereby authorize the directors of the Bud Beech Summer Camp program to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost due to sickness or injury to my son/daughter. I hereby waive any claim I might have against Bud Beech Summer Camps and the institution providing the facilities. The Bud Beech Summer Camp and Sharks Summer Camps are operated by Bud Beech Basketball Camps, Inc.

X

Signature of Parent/Guardian _____ Date: _____, _____ 2018

CHECK # _____ AMOUNT \$ _____