

Summer P.E. Camp Registration Form

Child's Name: Swede Oatman

Parent's Name: Jessica Dykes

Phone: 806.789.8287

Medical Concerns: none

Session 1: (Monday-Thursday) Please Circle One:

June 2nd-5th : 3rd-5th (12:00- 3:00pm)

TOTAL COST: \$85 per Child

Form of Payment:

Check: _____

Please make out to Tabitha Martinez

Cash: _____

VENMO: @Fred-Martinez-1224 ✓