



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALAMO SUMMER CAMP

Today's Date: _____

Voyager: (entering k-2nd)

Explorer: (entering 3rd-6th)

Participant Name (Last, First): _____

Gender: M F Date of Birth: _____

Grade (2017-2018): _____

Parent/Guardian Name (Last, First): _____

Parent/Guardian Date of Birth: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Work/Alternative Phone: _____

Method of Payment: Check Enclosed Credit Card: Visa American Express Master Card

Credit Card #: xxxx-xxxx-xxxx (last 4 digits only) _____ Exp: ____/____

Name on Account.: _____

Signature of cardholder: _____

Registration form is not complete without an online account screenshot attached.

Unless you are paying the entire balance now, you must provide a credit card for monthly drafting of your payments.