

2024 AVSP Tennis Summer Camp Guest Registration Form

20585 Ashburn Village Blvd., Ashburn, VA 20147
703.729.0581

To register for a camp session, please complete this form and return it to Tennis@ashburnvillage.org. Please use a separate form for each child and print clearly. If the preferred camp week is full, you will be notified and your child will be placed on a waiting list. Child must be ages 5 1/2-12yrs.

Child's Name (first, middle, last) _____

Male Female

_____ Date of Birth

_____ Age

_____ Address

_____ City

_____ State

_____ Zip Code

_____ Parent/Guardian #1

_____ Phone (c)

_____ Parent/Guardian #2

_____ Phone (c)

_____ Email Address

PAYMENT INFORMATION

Name on Card: _____ Credit Card Number: _____

Expiration: _____ Billing Address (if different from above): _____

SESSION	CAMP NAME	DATES	CHOOSE DESIRED SESSIONS:
		Guest Camp Weekly Rate: \$360	
1	Week 1	June 17-20	
2	Week 2	June 24-27	
3	Week 3	July 8-11	
4	Week 4	July 15-18	
5	Week 5	July 22-25	
6	Week 6	July 29-Aug 1	
7	Week 7	August 5-8	
8	Week 8	August 12-15	
TOTAL NUMBER OF CAMP WEEKS			
#WEEKS X \$360			
TOTAL DUE			

The information in this form is correct so far as I know, and the person herein described has my permission to participate in all camp activities. If he/she appears ill, I will not send him/her to the camp program.

Parent/Guardian Signature Date _____