MACS 2024 Summer Camp Registration Form

Please Check Camp Location: _	St. Mark School	St. Patrick School	St. Matthew School
A) Child's Name	Birthday	Current School	Entering Grade
Select shirt size:youth small 6-8	youth medium 10-12youth	large 14-16youth extra large 18-20	Adult SmallAdult Medium
B) Child's Name	Birthday	Current School	Entering Grade
Select shirt size:youth small 6-8	youth medium 10-12youth	large 14-16youth extra large 18-20	Adult SmallAdult Medium
C) Child's Name	Birthday	Current School	Entering Grade
Select shirt size:youth small 6-8	youth medium 10-12youth	large 14-16youth extra large 18-20	Adult SmallAdult Medium
Check the weeks you wish to register your childre orresponding letter (found next to the "Child's N will be attending each registered week.		Balance	Registration \$
	Please do not write in shade	d areas!	Paid:
Wk 1		\$	\$
Wk 2 A B C June 17 – June 21		\$	\$
Wk 3		\$	\$
Wk 4 A B C \$ July 8 – July 12		\$	\$
Wk 5 A B C \$ July 15 – July 19		\$	\$
Wk 6 A B C \$ July 22 – July 26		\$	\$
	Fami	ly Info	
Parent Name(s)			
Cell Phone #	Alt #	you are a current MACS family,	
Email			r FACTS account.
Emergency Contact			
Insurance Name and Policy #			
Allergies			
Any medical conditions that we need to be aware	e of?		
I have read and agree to comply with the MAC camp is non-refundable, regardless of reason, a	• •		Summer Camp brochure. I understand tha
		Signature	Date

Please email your completed form as an attachment to MACScamp@rcdoc.org