



# Go same's Winter Camp 2017

## Application Form

Child's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
month day year

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

CLASS: \_\_Toddler \_\_Kindergarten \_\_Elementary

Schedule: \_\_session 1(5days) \_\_session 2(5days)

or

\_\_Dec 11 \_\_Dec 12 \_\_Dec 13 \_\_Dec 14 \_\_Dec 15  
 \_\_Dec 18 \_\_Dec 19 \_\_Dec 20 \_\_Dec 21 \_\_Dec 22

Total: \_\_\_\_\_ days

\* Would you need to buy a uniform?

\_\_Yes \_\_No Number of piece/s: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

