

KHS SUMMER CAMP 2008 REGISTRATION FORM

Participant's Name _____

Address _____

Phone _____ Entering Grade _____

Email Address _____

Parent's Name _____ Phone _____

Name of school participant will attend next year _____

- In the space provided below, please list the camp that you are interested in attending.
- **Please make your check payable to each specific sport (example—Kirkwood H. S. Boys' Basketball).**
- **A separate form and check must be completed if you plan to attend more than one camp.**
- Applications may be mailed to the address listed below.

Camp attending _____ Fee _____

T-Shirt Size (please check
(t-shirt sizes are adult sizes)

- Small
 Medium
 Large
 X Large
 CHEERS & POMS ONLY: Youth (circle one): S M L XL

KIRKWOOD HIGH SCHOOL

ATHLETIC OFFICE
801 W. ESSEX
KIRKWOOD MO 63122

Phone: (314) 213.6116
(314) 213-6100 ext. 1311

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