



Charlestown High School Football Camp 2010 Camp Registration Form

TO BE COMPLETED BY PARENT OR GUARDIAN: (up to 2 kids per form)

Name:	Age:	Grade Entering:
Shirt Size: YS YM YL YXL AS AM AL AXL		
Please check which session your child be attending:		
<input type="checkbox"/> Session 1: Grades 1 st thru 4 th 5:30-7:00	<input type="checkbox"/> Session 2: Grades 5 th thru 8 th 7:00-8:30	

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Address: _____ Email: _____

City: _____ Zip: _____ Home Phone: _____

Parent or Guardian:

Last Name: _____ First Name: _____

Mothers Cell Number :_() _____ Fathers Cell Number :() _____

Emergency Contact: (other than parents or guardian)

1)Name: _____ Phone: _____

2)Name: _____ Phone: _____