

CLEMSON TIGER AQUATIC CAMPS
P.O. BOX 892
CLEMSON, SC 29633-0892

2008 APPLICATION FOR ENROLLMENT

Upon receipt of this form, and deposit, further information will be forwarded on camp specifics.

Sign up for:

Session I: June 13-17 **Session II: June 20-24**

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PLEASE TYPE OR PRINT CLEARLY

Camper Name _____
LAST, FIRST, M.I., NAME YOU PREFER

Mailing Address: _____

City _____ State _____ Zip _____

Name of Parents _____

Parent's e-mail _____ / check if you do not use ____

Work Phone _____ Home Phone _____

Gender _____ Age at Camp _____ Grade in Fall 2008 _____ T-shirt Size _____ s/m/l/xl
_____ Youth / Adult

School _____

Where / Who do you swim for: _____

Swim Team / Age Group Team / Y / etc.

Health Insurance Company _____

Insurance Policy Number _____

Roommate Preference (one only) _____

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PAYMENT: \$435 overnight; \$235 Commuter (Check: _____ overnight _____ commuter)

To reserve your place in camp: \$100 non-refundable deposit due with this application form.

Complete:

Total Due: \$ _____

\$100 deposit enclosed

Balance of \$ _____ enclosed

Make checks payable to: Clemson Tiger Aquatic Camps; write your child's name on check memo line.

Mail Application and check to: Clemson Tiger Aquatic Camps, PO Box 892, Clemson, SC 29633

Clemson Tiger Aquatic Camps are committed to following all of the relevant NCAA, ACC and University rules and regulations regarding the operation of camps.