



Please sign me up for the following week of Camp Promise this summer!

- Week 1: June 28-July 2
- Week 2: July 5-9

I have enclosed my registration fee of \$50, and will send in my application and physician's form by the May 1st deadline.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_

Phone \_\_\_\_\_