

SPRING

PELICANS CAMP



MONDAY - FRIDAY

APRIL 2 - APRIL 6

AGES: 5 -13yrs

9:00AM - 3:00PM

Before and After Care Available

\$48 PER DAY (MEMBER)

* No Refund for days not attending and no make-up days allowed.

Children will participate in gym activities, spring crafts, exercise classes, swimming, and outdoor activities.

PELICAN

ATHLETIC CLUB

FOR MORE INFORMATION: CONTACT KAREN COWHEY: KCOWHEY@THEPAC.COM

PELICAN

ATHLETIC CLUB

REGISTRATION FORM

Please fill out completely and return to PAC concierge.

NAME: _____ T-SHIRT SIZE: _____
if applicable

D.O.B.: _____ GENDER: _____

MEMBER #: _____ MEMBER NON-MEMBER

EMERGENCY CONTACT NAME / GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

EMAIL: _____

AVAILABLE TIMES : _____
if applicable

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, employees, representatives, and agents harmless for any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting therefrom. In addition, I agree that the above information is accurate and complete. I, also, understand and acknowledge that photos may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child, to be used in this fashion.

SIGNATURE: _____

THE INFORMATION BELOW IS TO BE FILLED OUT BY PAC CONCIERGE ONLY.

PROGRAM NAME	PACKAGE <i>if applicable</i>	CODE	COST
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____

ADDITIONAL NOTES

AMOUNT DUE:

AMOUNT PAID:

PAYMENT INFORMATION:
 METHOD OF PAYMENT: Check, Credit Card, Cash, CTA

Check #

PAYMENT ACCEPTED BY: _____