



Camper Name:

First _____ Last _____ Male Female

E-mail _____ Primary

Phone # _____

Birth date ___ / ___ / ___ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name: _____

Phone Number: _____

Name of Attendant Who Will Be with You:

Attendant's Phone Number: _____

Please circle which camp you will be attending:

Adventure Camp - June 9th - 12th

Water Camp - July 14th - 17th

Please mail your registration along with \$35.00 to:

Emerging STARS P.O. Box 513, Spotsylvania, VA 22551 - Make checks payable to Emerging STARS.