



## SUMMER CLINIC REGISTRATION FORM

This registration form must be filled out completely by the camper and/or parent or guardian. Send this form and the summer clinic waiver form along with a non refundable **deposit of \$100** per week for each camper to Fox 4 Paintball, 159 Milford Street, Upton, MA 01568. If paying by check, please make checks payable to Fox 4 Paintball. Full payment is required by July 1<sup>st</sup>. All participants will receive free entry to the Ninja Camp with Greg Hastings scheduled for August 18, 2012. Check out our website for additional information on the Summer Scenario game at [www.fox4paintball.com](http://www.fox4paintball.com).

All campers are required to have a valid waiver on file or they will not be allowed to participate in the daily activities.

**Please print in ink**  
**Camper's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Email address (if applicable): \_\_\_\_\_  Male  Female  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

**Camp Choice:**

Woods Ball (July 29<sup>th</sup> – August 3<sup>rd</sup>) - \$350



**VISA and  
MASTERCARD**

You can mail or fax your registration if paying by credit card

VISA or MASTERCARD authorization  
Please check method of payment:

VISA  M/C

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Name on Card: (Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total to Charge (Camp Fee): \$ \_\_\_\_\_



Fox 4 Paintball  
59 Milford Street  
Upton, MA 01568  
(508) 529-FOX4 (3694)  
(508) 529-3699 (Fax)