Sporties for Shorties Camp

NAME:		AGE:
	CELL:	
injuries or lost/stolen items that resu	ackinac Island Public School and the camp st ult from this camp. I hereby authorize the dire nergency requiring medical attention.	taff are not responsible for ectors of the camp to act
PRINT PARENT/GUARDIAN		
NAME:		
PARENT/GUARDIAN SIGNATURE	:	

The cost for this camp is \$25.00. Please make checks payable to the City of Mackinac Island.

PLEASE BRING THIS SLIP WITH YOU TO CAMP-DO NOT DROP IT OFF AT THE SCHOOL OFFICE