

Fly St. Pete Summer Camp Registration Form



Li	kes to be called:	
Age:	M/F:	
Veek of 6/3/2024 Week of 6/10/2024 Week of 6/17/2024	Ages 9-10 Returning Campers Ages 11-12	
Parent/Guardian Information		
Mailing address		
City	Zip	
Cell Phone Work Phone		
	_ (needed for confirmation)	
*Amount enclosed \$ Ck. # Checks payable to AWAPS		
Credit card Information: \square Am Ex \square Discover \square MC \square VISA		
	Exp. Date	
	3-digit security code	
*NOTE: A \$100 non-refundable deposit reserves camp with balance due 2 weeks before camp starts.		
Use rev	Use reverse side for any additional	
informatio	on you would like us to know.	
	Age:	