

2013 PRENATIONALS CLINIC REGISTRATION FORM

Date of Camp: June 24 – 26, 2013

Location: Olympia Fencing Center

Cost: \$300.00

127 Smith Pl., Cambridge, MA, 02138

617-945-9448

Name _____ M ___ F ___ Age _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email _____

Emergency Information

Emergency Contact Name _____ Relationship _____

Emergency Phone Number _____

Payment

- Visa _____ Expiration Date _____
- Master Card _____ Expiration Date _____
- American Express _____ Expiration Date _____

Signature _____ Date _____

(parent or guardian if under 18)