



Skating Camp Registration Form

Campers Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____

Skater's level _____ Skater's Age _____

Please circle days attending:

Camp Hours 9:00 – 3:00

February 15, 16, 17, 18, 19 Total days _____

*Bring a packed lunch or purchase at our
concession*

Fee per day: \$100* – Park District - \$125* Out of District

Please make checks payable to: Great Neck Park District

Office use only

Code _____ date rec'd _____ Amount/Method _____ Initial _____