

# REGISTRATION for GUSTAVUS JUMPS CAMP 2010

Please complete and return this form and your payment to:  
Lindsey Weis, 800 W. College Ave, St. Peter MN 56082



## First Camper:

Name \_\_\_\_\_ Gender M / F  
First Last Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

Area/s of Interest: High Jump Long Jump Triple Jump Best Jump/s: HJ \_\_\_\_\_  
LJ \_\_\_\_\_

I want to be a:  Day Camper (\$95)  Overnight Camper (\$150) TJ \_\_\_\_\_

## Additional Camper/s:

Name \_\_\_\_\_ Gender M / F  
First Last Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

Area/s of Interest: High Jump Long Jump Triple Jump Best Jump/s: HJ \_\_\_\_\_  
LJ \_\_\_\_\_

I want to be a:  Day Camper (\$95)  Overnight Camper (\$150) TJ \_\_\_\_\_

Name \_\_\_\_\_ Gender M / F  
First Last Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

Area/s of Interest: High Jump Long Jump Triple Jump Best Jump/s: HJ \_\_\_\_\_  
LJ \_\_\_\_\_

I want to be a:  Day Camper (\$95)  Overnight Camper (\$150) TJ \_\_\_\_\_

**Overnight/Day Camper Fee/s:** \$ \_\_\_\_\_

**-Multi camper discount** - \$ \_\_\_\_\_

(-\$10 each for 2+ Day campers,  
-\$20 each for 2+ Overnight Campers)

**Total Payment Enclosed:** \$ \_\_\_\_\_