

SUMMER CAMP APPLICATION

Brookside Racquet & Swim Club

480 BROOKSIDE AVENUE

ALLENDALE, NEW JERSEY, 07401

(201) 825-2665 ; www.brooksideracquetandswimclub.com

Sign up Number: _____ Sign up Date: _____

Parents Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

Emergency #: _____

Deposit Amount : _____ Ck # _____

Balance Due : _____ Paid in Full: _____ Ck # _____ Date: _____

Child's Name	Age	Week(s) Attending	Full or Partial Day
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____

I agree to abide by the rules and regulations of the club. It is also agreed that my deposit is non-refundable.