

# MOUNTAIN VIEW HIGH SCHOOL

## 2017 SUMMER CAMP REGISTRATION

STUDENT NAME: \_\_\_\_\_

SPORTS CAMP (Check One): 8th Grade Baseball \_\_\_\_\_ Baseball \_\_\_\_\_ Football \_\_\_\_\_ Softball \_\_\_\_\_  
Volleyball) \_\_\_\_\_

AMOUNT OF PAYMENT: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATES: \_\_\_\_\_ TIMES: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT CELL PHONE: \_\_\_\_\_

PARENT E-MAIL ADDRESS: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

MAKE CHECKS PAYABLE TO **MOUNTAIN VIEW COMMUNITY SCHOOL**. BRING APPLICATION BY THE  
COMMUNITY SCHOOL OFFICE OR MAIL TO 2351 SUNNY HILL RD LAWRENCEVILLE, GA 30043

QUESTIONS?

CALL DOLFORD LAYSON OR GLENN GEORGE at MOUNTAIN VIEW COMMUNITY SCHOOL

678- 407-7616