

CAMP BIOMED REGISTRATION

July 22th-24th 9^{am}-12^{pm}

Camper's Name: _____

Age: _____ **Grade Entering:** _____

T-Shirt Size: _____

Parent Name: _____

Parent Phone: _____

Parent Email: _____

**MAIL THIS FORM TO ST. PAUL'S
WITH A CHECK FOR \$90 (MADE TO SPS)**

Attn. Melissa Lein (HOSA)

Saint Paul's School

917 South Jahncke Ave.

Covington, LA 70433

