CAMP BIOMED REGISTRATION

July22 – 24 9am-12pm

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)

Saint Paul's School
917 South Jahncke Ave.
Covington, LA 70433

CAMP BIOMED
2019
ST. PAUL'S