NGSS Camp Enrollment Form

Please Mail all correspondences to:

47 South Atlantic Ave, Cocoa Beach, FL 32931

Please Print a copy of this page and waiver, read and sign it then mail it to us with your deposit.

Please call (321) 591-9577 or E-mail nexgensurf@gmail.com to confirm openings before you mail!!

SURF CAMPS

Please check all that apply to your registration, including discounts.

	FULL DAY	CAMP (9AM - 4PM) \$399	.00/ per person				
	0	**Discount Rate - \$349.00	per person (Sign u	p with a frie	nd or family Membe	r)	
	0	**Discount Rate - \$349.00 **Only one applies	/ per person (Sign u	p before Ma	y 1 st)		
	HALF DAY	CAMP - MORNING SES	SION (9AM - 121	PM) - AFTE	ERNOON SESSION	(1PM-4PM)	
	0	MORNING SESSION - \$					
	0	O MORNING SESSION **DISCOUNT RATE - \$219.00/ PER PERSON					
		(SIGN UP WITH A	A FRIEND OR FAM	ILY MEMBE	R, OR BEFORE MAY	IST)	
		AFTERNOON SESSION - \$199.00/ per person					
	0	,					
_		(SIGN UP WITH A FRIEND OR FAMILY MEMBER, OR BEFORE MAY 1ST) DAY CAMP - MORNING SESSION (9AM - 12PM) - FULL DAY SESSION SESSION (9AM - 4PM)					
U					Y SESSION SESSIC	ON (9AM - 4PM)	
	O HALF DAY (9AM - 12PM) \$89.00/ per person						
	0	FULL DAY (9AM - 4PM)	\$129.00/ per perso	n			
	Student In	<u>formation</u>					
	First	Name:		Male	Female		
	Last Name:				Age		
	Last Name: Age Date Attending: Camp #						
	Additional participants:						
	Spec	ial Requests:					
		SURFING ABILIT	ΓY: First Timer	/ Beginner	/ Intermediate / Ad	lvanced	
	Parent or Guardians Information:						
	Nam	ie:					
	Rela	tionship:					
	Add	ress:				•	
	City						
	State	2	Zıp				
	Hom	ne Phone: ne:	AL DI				
	Phor	1e: :1.					
	Ellia Othe	il: er Emergency Contact:					
	Nom.	r Emergency Contact.	Relationship:				
		ie:		in:			
	Phor	ie:	Kelationsi	ip:		-	
	Phor Medical Inf	ie: ie #:	Kelationsi	ip:			
	Phor Medical Inf	ormation:					
	Phor Medical Inf Aller Med	ie: ie #:					