



NAME _____

ADDRESS _____

CITY _____ GRADE (SEPT 2021) _____

PHONE _____ E-MAIL _____

PARENT CELL IN CASE OF EMERGENCY _____

PLEASE CIRCLE T-SHIRT SIZE

YL AS AM AL

Please circle the week or weeks you will be attending

Week 1 July 6-9 (Tues-Fri) Rain date Friday 7/16
Week 2 July 12- 15 (Mon-Thurs) Rain date Friday 7/16

\$250 per week- \$475 for both weeks

Print and mail application accompanied with the check to:

Diamonds in the Rough
323 Pershing Avenue
Ridgewood, NJ 07450

We will send confirmation via e-mail prior to the start of camp.

I certify that my child is in good physical condition and can participate in all activities. In case of emergency, I grant permission for my child to be given treatment at a local hospital.

SIGNED _____ DATE _____