

MetaCoders Summer Camps 2020 Registration Form

Camper Information. Please print clearly in ink or fill in form digitally.

Camper #1: First		Last:				
Birthdate:		Grade (Fall 2020):				
Allergies/Medical:		Photo Permission?	Yes / No			
Camper #2: First		Last:				
Birthdate:		Grade (Fall 2020):				
Allergies/Medical:	- <u></u> -	Photo Permission?	Yes / No			
Camper #3: First		Last:				
Birthdate:		Grade (Fall 2020):				
Allergies/Medical:		Photo Permission?	Yes / No			
Parent: First		Last:				
Parent: First		Last:				
Mailing Address:			·			
City, State:		Zipcode:				
Home Phone:		Work Phone:				
Email:	- <u></u> -		_			
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Fill in camp details to register:						

Camp Location	Camp Week	Camper First Name (if more than 1 camper)	Camp Name(s)	Camp Price
Email completed form to contact@metacoders.org. We will confirm your reservation and send you a digital invoice within 24 hours. Registration is			Subtotal	
not complete until pay	ment of the invoice is rec	eived. For more	Discount (See Website For Details)	
https://metacoders.org	aCoders Summer Camps a.	S, VISIT	Total	