

COBB MAGNET SUMMER SCIENCE CAMP REGISTRATION FORM



June 5th – 9th Please choose one session A OR B 9:00am to 12 noon (Session A) 1:00 to 4:00 pm (Session B)

Student's Full Name (please print):		Nickname:
T-shirt Size, circle one: Adult S M L	XL XXL	
Address:	Phone (h):	
Phone (c):		
Please list any allergies or conditions/reschecked in with the front office and a LC	• • • • •	
Parent(s)/Guardian(s) Contact Inform		
Name:(w)	Phone: (h)	(w)
(cell) Email:		(w) Email:
We apologize but no refunds will be given Please either mail in your check and periodrop the form and payment off at the sch	mission form to Cobb Middle Sch	ool, Attention: Page Curry OR
CAMP SESSION PARENT CONSENT your child to participate in the Cobb Surmanage themselves appropriately during with no refund of registration fees for views.	nmer Science Camp. Further, you camp sessions. Instructors reserve	acknowledge that all students are to e the right to dismiss any camper
	PARENT SIGNATURE	DATE
If you have any questions, please feel free haleyt@leonschools.net or Gina Gass at		eonschools.net or Tracy Haley at

We look forward to a wonderful week of fun and learning! ©