



2019 3 Week Summer Camp Registration:

(Camp includes Week 1, Choice of Week 2 – 7 Day Camp, and Week 8)

Player First Name: _____

Player Last Name: _____

Address Line 1: _____

Address Line 2: _____

Parent or Legal Guardian Full Name: _____

Contact Phone Number: _____

Contact Email: _____

Player Level 19/20: _____

Jersey Size: _____

Choice of Week: (ex: Week 4) _____

2nd Choice of Week: (ex: Week 3) _____

Please Check Payment Type (Payments must be paid in full)

Price: \$650.00 (Please add an additional \$300.00 to upgrade to overnight camp weeks 2-7)

(\$50.00 OFF if you signed up for spring skills camp!)

- Check (Please make all checks payable to Breezy Point Sports, Inc.)
- Credit Card

Card Number: _____ - _____ - _____ - _____

Expiration Date: __/__/__ Card Code: ____ Billing Zip: _____

By signing below I agree to Breezy Point Sports, Inc. waiver of liability and acknowledge that this camp is a physical camp. I also acknowledge that this camp has a limited amount of positions per optional week.

Signature: _____ Date: _____

Please email camp registration in to: breezypointcamps@breezypointresort.com

Or mail to: Breezy Point Sports, Inc.; 9252 Breezy Point Dr.; Breezy Point MN 56472