



Winter Address:
85 Crescent Beach Rd
Glen Cove, NY 11542
516-656-4220 Phone
516-656-4215 Fax

Summer Address:
1017 Cochection Turnpike
Tyler Hill, PA 18469
570-224-4131 Phone
570-224-6050 Fax

Jay S. Jacobs
Executive Director
Andy & Wendy Siegel
Directors

Rookie Day 2010 Registration Form

Fill out this form and return to the address above promptly as space is limited and will be filled on a first come, first served basis. We will send you a complete information packet after we have received your registration form. Please feel free to call us if you have any questions.

I would like to enroll my child in Rookie Day on (please check one):

Saturday, July 10th
(Not open to current THC Families)

Saturday, July 31st

Camper's Name

Birthdate

Address

Grade in September, 2011

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EMERGENCY CONTACT (Other than Parents):

Home Phone

Name

Camper's E-mail

Phone

Dad's Name

Mom's Name

Dad's Work #

Mom's Work #

Dad's Cell #

Mom's Cell #

Dad's E-mail

Mom's E-mail

T-SHIRT SIZE: Select your child's t-shirt size (check one):

Child's Small

Child's Medium

Child's Large

Child's X-Large

Adult Small

Parent's Signature

Date

Where Caring Builds Confidence

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