SEACAMP SAN DIEGO

School Year Information Request

GROUP LEADER NAME: _____

SCHOOL (or GROUP) NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP + 4: _____

DAY PHONE: ( ) - _____ FAX: ( ) - _____

OTHER PHONE: ( ) - _____ EMAIL: _____

AGE/GRADE LEVEL OF GROUP (#5th - college): _____

Approximate Group Size (#20 – 56): _____ + _____ Adults

I am interested in a: ☐ Residential Program of _____Days/_____Nights

I am looking for dates for the: ☐ Fall and/or ☐ Spring of the

☐ 2009 - 10 School Year and/or ☐ 2010 - 11 School Year and/or ☐ 2011-12 School Year

I would prefer dates in this time frame: _____

_____

_____

These are the (blackout) days/dates my school or district is unable to attend: _____

_____

_____

Other information I would like to have regarding your programs: _____

_____

_____

Please fax or mail this page to:

SEACAMP San Diego 1380 Garnet Avenue, PMB E6 San Diego, CA 92109

(858) 268-0919 or (800) SEACAMP FAX: (858) 268-0229