



2021 CAMP GROUP REGISTRATION

Name of Group: _____

Contact Person: _____

Phone Number: _____

Billing Address: _____

City, State, Zip: _____

Email Address: _____

Swim Time: 11am – 1pm

Swim Day

Mon Tue Wed Thurs Fri

Start Date: _____ End Date: _____

Estimated number of youth _____ per trip

List dates of attendance if not consistent days:

If you have any questions, contact Jim Quimby at **410-272-0010 x105** or **jquimby@bgchafordcecil.org**

Please mail this form to: Boys & Girls Clubs of Harford & Cecil Counties
PO Box 1106,
Aberdeen, MD 21001