



Bridgeport International Academy

SPORTS CAMP FOR GIRLS APPLICATION

Name: _____
Last Name First Name Middle Name

Address: _____
Street Building/Suite #

City: _____ State: _____ Zip: _____

Date of Birth: _____ School Currently Attending: _____ Grade in Fall '09: _____

Father/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian's Name: _____ Work Phone: _____ Cell Phone: _____

List your interest in sports: _____

Sports Preference: Volleyball Soccer Basketball Softball Other _____

What are you hoping to gain through this experience? _____

Future aspirations: _____

Please check which camp your child will be attending:

July 6th – 17th 1pm until 4 pm July 20th – 31st 9 am until 12 noon

To reserve a spot for your child, please send this application and a \$100 non-refundable deposit to our school office. Checks should be made out to Bridgeport International Academy. If you wish to pay by credit card please fill out the following form:

Credit Card Type: Visa MasterCard American Express Discover

Name: _____ Credit Card #: _____

Expiration Date: _____ 3-digit Security Code: _____

Billing Address: _____
Street Building / Apt. #

City State Zip Country