

MOUNTAIN VIEW HIGH SCHOOL

2024 SUMMER CAMP REGISTRATION

STUDENT NAME: _____

SPORTS CAMP (Check One): Football _____ Robotics & Stem _____ Softball _____ Basketball _____

AMOUNT OF PAYMENT: _____

AGE: _____ GRADE (This School Year): _____

DATES: _____ TIMES: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

HOME PHONE: _____

PARENT CELL PHONE: _____

PARENT E-MAIL ADDRESS: _____

Parent Signature: _____

Method of Payment: Check # _____ Mypaymentsplus _____ Cash Receipt _____

MAKE CHECKS PAYABLE TO **MOUNTAIN VIEW COMMUNITY SCHOOL**. BRING APPLICATION BY THE
COMMUNITY SCHOOL OFFICE OR MAIL TO **2351 SUNNY HILL RD LAWRENCEVILLE, GA 30043**

QUESTIONS?

CALL GLENN GEORGE or PAUL WATERS at MOUNTAIN VIEW COMMUNITY SCHOOL

678- 407-7616