

2016 Montessori Chess Camp Registration Form (Grades 1-8)

July 25-29 (9 am – 12 noon M-F)

\$80 per student

Student's Name _____ Male or Female

Student's Home Address: _____

Student's Age: _____ Date of Birth: _____ Email: _____

Grade in Fall 2015: 1 2 3 4 5 6 7 8

School attending this fall: _____

Camp Times: 9 AM – 12 NOON (No drop-offs before 8:45 AM please)

Camp Location: Montessori School of Bowling Green, 515 Sand Ridge Rd. Bowling Green, Ohio 43402
Do NOT mail Reg. Form or payment to school. See mailing address below.

1st Parent (Guardian Name) _____

Primary Phone _____ Secondary Phone _____

2nd Parent (Guardian Name) _____

Primary Phone _____ Secondary Phone _____

Emergency Contact	Relationship	Phone
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Any known allergies? _____

Any health issues we should be aware of? _____

Physician Name _____ Physician's Phone _____

Dentist's Name _____ Dentist's Phone _____

COST: \$80 per student

ALL REGISTRATIONS must be received by Friday, July 22nd

MAKE CHECKS PAYABLE to: **Great Lakes Chess, LLC**

PLEASE MAIL Registration Form to: **Great Lakes Chess, LLC**
 P.O. Box 1393
 Bowling Green, OH 43402

Amount enclosed \$ _____ (a single check for siblings is fine).

Please direct all questions to Jim@GreatLakesChess.org or call Jim at 419-308-2462