



**1. Registration Info: Parent/ Guardian**

<b>First Name</b>					
<b>Last Name</b>					
<b>Billing Address</b>					
<b>Billing Address 2</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Email:</b>		<b>Phone:</b>			

**Summer Camp Info**

Hamptons Montauk Youth Rugby Camp Ages 7 -12. [Sept 1-4, 9am-12 pm, John Marshall School East Hampton] \$75.00, \$50 for families (2 or more)

**2. Camper Details** (More than 3 campers, please call 516-376-7889)

**Camper 1.**

<b>First Name</b>		<b>Last Name</b>		<b>Gender</b>	<b>M / F</b>
<b>DOB</b>		<b>Emergency</b>			

**Camper 2.**

<b>First Name</b>		<b>Last Name</b>		<b>Gender</b>	<b>M / F</b>
<b>DOB</b>		<b>Emergency</b>			

**Camper 3.**

<b>First Name</b>		<b>Last Name</b>		<b>Gender</b>	<b>M / F</b>
<b>DOB</b>		<b>Emergency</b>			

**3. Payment info**

<b>AMX:[ ] M/C:[ ] VISA:[ ]</b>
<b>NAME ON CARD:</b> _____
<b>CARD No:</b> _____
<b>CID/ CVV:</b> _____ <b>EXP:</b> _____
<small>CID/CVV last 3 digits on back of M/c or Visa or four digits on the right hand front of an AMX</small>

<b>My billing address and details are the same as above?</b>	<input type="checkbox"/>			
<b>Billing Address</b>				
<b>Billing Address 2</b>				
<b>City</b>				
<b>State</b>		<b>Zip</b>		
<b>Country</b>				
<b>Phone</b>				
<b>Email</b>				

**Credit cards will be manually charged in the Play Rugby USA office.**

There will be a \$50 deposit taken with remainder charged to you on the first day of camp. We look forward to seeing you all there! **PLEASE COMPLETE AND FAX FORM TO (631)-614-4240**

