

High School Pride Camp Registration Form

Camper Information

Name (Last, First, M.I.): _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Gender (Circle): Male Female Transgender Nonbinary Camper Type (Circle): Commuter Resident

Pronouns: _____

Roommate Request: _____

Birth Date: ____/____/____ Adult Tee Shirt Size (Circle): S M L XL 2XL 3XL

School Attending Fall 2020: _____

Grade Level Fall 2020: _____ Graduation Year: _____

Parent/Guardian Name(s): _____

Parent/Guardian E-Mail: _____

Parent Phone: _____

Camper Cell Phone: _____

If you will be parking a car on campus during the camp week, please supply your license plate number:

How Did You Hear About UWGB Summer Camps? _____

Resident Camp Fee \$475: _____

Commuter Camp Fee \$295: _____

*You must enclose at least a \$100 deposit to register for camp.

Send to: UWGB Summer Camps, CL 109

2420 Nicolet Drive

Green Bay, WI 54311

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