

**2010 Campus Life Summer Day-Camp  
Registration Form**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade (2010-11): \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Mail this form to:

**Campus Life, 6426 S. Business Dive,  
Sheboygan, WI 53081**