

Shoreline Athletic Department

Dolphin Camps & Clinics Registration Form

Instructions: Complete one form for each person attending. Use ballpoint pen, not pencil or felt-tipped pen. Include credit-card info and/or check.

Mail to:

Shoreline Community College Attn: Athletics 16101 Greenwood Ave. N. Shoreline, WA 98133

Attendee's			Attendee's	Birth	Date	Grade in				
Last Name			First Name	mm/d	dd/yyyy	School Now		w	Sex	
									☐ Male	
									☐ Female	
Parent/Guardian			Parent/Guardian							
Last Name			First Name	Phon	hone E-mail					
Mailing Address				City		State			Zip	
Previously Attended a Sho			oreline Community College	Last A	Attended					
Camp or Clinic? Sport, ple			ase list.	mm/y	уууу	T-Shirt Siz		ize (Adult Sizes)		
☐ Yes ☐ No Sp			oort							
						S	М	L	XL XXL	
Setter Hitter Camp Player Position: circle position. Call Athletics at 206-546-4745 for space availability					OH Middle Setter Libero RH					
Credit Card				Expiration Date		CSV				
Type Card I		Card N	umber	mm/yy		Cod	Code Ch		eck Number	
☐ VISA☐ MasterCard			/							
Print Name on Card			Signat		ture			Date		
Registration Information										
	Item Number		Camp/Clinic Name		Dates			Cost		
1										
2										
3										
					Total Cost					
Office Use Only										
Athletics			Date Received	Date Regi			Ву:			
			SID#	YrQtr Code						
Cashiering			Date Received	Ву:	By:					