



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 Last Name	Attendee's First Name	Birth Date mm/dd/yyyy	Grade in School Now	Sex
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Last Name	Parent/Guardian First Name	Phone	E-mail	
Mailing Address		City	State	Zip
Previously Attended a Shoreline Community College Camp or Clinic? Sport, please list.		Last Attended mm/yyyy	T-Shirt Size (Adult Sizes)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Sport _____			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
Setter Hitter Camp Player Position: circle position. Call Athletics at 206-546-4745 for space availability		OH Middle Setter Libero RH		
Credit Card Type	Card Number	Expiration Date mm/yy	CSV Code	Check Number
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	-----/-----/-----/-----			
Print Name on Card		Signature		Date
Registration Information				
	Item Number	Camp/Clinic Name	Dates	Cost
1				
2				
3				
Total Cost				
Office Use Only				
Athletics	Date Received	Date Registered	By:	
	SID#	YrQtr Code		
Cashiering	Date Received	By:		

Camp & Clinic Information and Schedule: <http://www.shoreline.edu/athletics/camps-and-clinics.aspx>

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