



# 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

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

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