

Four Rivers 2013 Summer Ultimate Intensive Application Form

Name: _____ Age: _____

Address: _____

Home phone number: _____

E-mail _____

Emergency contact: _____ Phone number: _____

Relationship to contact: _____

Allergies, special needs and restrictions: _____

Please describe the skill level of applicant or any other comments:

Application deadline: 6/30/12

Participants must submit a doctor's physical form from within the last year, as well as a liability waiver. These are available at the office or can be e-mailed to you. Make checks for \$250 payable to Four Rivers Charter

Public School. Mail to:

Four Rivers

248 Colrain Rd.

Greenfield, MA 01301

Contact: terryplotkin@gmail.com with questions.