

"CAMP" REGISTRATION FORM OR REGISTER ONLINE @ WWW.RUNNINGWORKS.COM (PLEASE PRINT)

First Name: _____ Last Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Male: Female: Parent's E-mail: _____ Camper Email: _____
Home #: () _____ Parent's Cell#: () _____
Grade Entering: _____ School: _____

Average Summer Weekly Mileage: _____ Personal Best: 800 _____
Mile _____ 2 Mile _____ 5k _____

Coach Name: _____ **Coach Phone:** _____ **Coach Email:** _____

\$575 Tuition before June 1st; \$595 Tuition after June 1st (\$375 deposit secures your registration)

Roommate Request: (select one) _____

This will be my _____ year at RunningWorks Camp. How did you learn about camp? _____

*** Confirmation of registration will be sent by email only**

Please complete and return with deposit to: **RunningWorks, Inc.**, P.O. Box 8832, Collingswood, NJ 08108.
Payment Guarantees your Registration.