

2010 CYT Camp Application

STEP 1: Please choose CYT Camp: *(Day Camps - Ages K-6th Grade as of Fall 2010)*

- | | | |
|--|--|--|
| <input type="checkbox"/> SC#1 - June 21-25 (<i>Superheroes</i>) (Ages K-6th) | <input type="checkbox"/> NCI - July 26-30 (<i>Superheroes</i>) (Ages K-6th) | <input type="checkbox"/> High School Resident Camp - June 28-July 3 |
| <input type="checkbox"/> TEM - June 21-25 (<i>Under/Sea</i>) (Ages K-6th) | <input type="checkbox"/> LJ - July 26-30 (<i>Under/Sea</i>) (Ages K-6th) | <input type="checkbox"/> Middle School Resident Camp - July 20-25 |
| <input type="checkbox"/> SDC#1 - June 28-July 3 (<i>Idol</i>) (Ages K-6th) | <input type="checkbox"/> NCC#3 - August 2-6 (<i>Superheroes</i>) (Ages K-6th) | <input type="checkbox"/> College Auditions Camp - July 19-23 |
| <input type="checkbox"/> NCC#1 - July 5-9 (<i>Under/Sea</i>) (Ages K-6th) | <input type="checkbox"/> SDC#2 - August 2-6 (<i>Superheroes</i>) (Ages K-6th) | <input type="checkbox"/> Advanced Camp - August 2-13 |
| <input type="checkbox"/> LM#1 - July 5-9 (<i>Superheroes</i>) (Ages K-6th) | <input type="checkbox"/> LM#2 - August 2-6 (<i>Under/Sea</i>) (Ages K-6th) | |
| <input type="checkbox"/> SC#2 - July 19-23 (<i>Under/Sea</i>) (Ages K-6th) | <input type="checkbox"/> SDC#3 - August 9-13 (<i>Superheroes</i>) (Ages K-6th) | |
| <input type="checkbox"/> NCC#2 - July 19-23 (<i>Idol</i>) (Ages K-6th) | <input type="checkbox"/> SDEC - August 9-13 (<i>Idol</i>) (Ages K-6th) | |

STEP 2: List Roommate/Team Mate desired:

Roommate Name _____

Please note: Roommate request only for Resident Camps

Teammate Name _____

Please note: Teammate request for Day Camps

Please be sure YOU and your ONE selected roommate are registered by **June 1** (*High School*) or **July 1** (*Middle School*) in order to ensure that the two of you are rooming together and on the same team.

STEP 3: Fill Out Registration Form: *(Complete information helps us process your application more quickly)*

CYT ID#: _____ *(For returning students only)* Gender: Male Female

Student's First Name: _____ Last Name: _____

Date of Birth: _____ Current Age: _____ Student email Address: _____

School: _____ Current Grade: _____ T-Shirt size: CS CM CL AS AM AL AXL

Student Mailing Address: _____

City: _____ State: _____ Zip: _____

Special Needs: _____

Please check if student needs special accommodations due to a medical condition, disability, or learning difference. We will mail you a special needs questionnaire and contact you to help with camp selection and any questions you may have, so that your student will have a positive CYT experience.

Father's First Name: _____ Father's Last Name: _____

Mother's First Name: _____ Mother's Last Name: _____

Please send my student's confirmation materials to parent address.

Parent Mailing Address (if different) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student Phone: _____

Father's Contact Numbers: Cell: _____ Work: _____

Mother's Contact Numbers: Cell: _____ Work: _____

First heard about CYT from:

CYT Times Mailer Area Coordinator CYT School Day Performance CYT Performance Flyer from School Summer Camp

Ad in Publication: _____ Internet Site: _____

A Friend: _____ Other: _____

STEP 4: Enclosed Payment Type: *(Mail to: CYT • 1545 Pioneer Way • El Cajon, CA 92020)*

Youth Day Camp - \$180 (Ages 5-11) (*sibling enrolled in same camp - \$15 discount*) \$ _____

Middle/High School Resident Camp - \$400 (*after 7/1/09 \$450*) (*sibling enrolled in same camp - \$25 discount*) \$ _____

(There is a \$25 processing fee on all refunds) TOTAL \$ _____

Select Payment Type:

Check #: _____ VISA MasterCard Discover *(We DO NOT accept American Express)*

Account #: _____ CSV#: _____ Exp Date: _____

Signature _____ Date: _____

Need Help: Call CYT at 800-696-1929 and visit us at www.cyt.org