

SURF LAWS



CAMPER INFORMATION:

Camper's Name \_\_\_\_\_ A.K.A. \_\_\_\_\_  
 Boy/Girl \_\_\_\_\_ Youth / Adult \_\_\_\_\_  
 Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ ( ) \_\_\_\_\_  
 Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Circle Desired Dates & Pick-up Locale**

- |                         |                             |
|-------------------------|-----------------------------|
| <b>#1) June 22-26</b>   | <b>Camarillo or Ventura</b> |
| <b>#2) July 6- 10</b>   | <b>Camarillo or Ventura</b> |
| <b>#3) July 13-17</b>   | <b>Camarillo or Ventura</b> |
| <b>#4) July 20-24</b>   | <b>Camarillo or Ventura</b> |
| <b>#5) July 27-31</b>   | <b>Camarillo or Ventura</b> |
| <b>#6) August 3-7</b>   | <b>Camarillo or Ventura</b> |
| <b>#7) August 10-14</b> | <b>Camarillo or Ventura</b> |
| <b>#8) August 17-21</b> | <b>Camarillo or Ventura</b> |

**BECAUSE SPACE IS LIMITED PLEASE PHONE BEFORE SUBMITTING APPLICATION (805) 984-0430**

• Describe any medical condition or medication that instructors should know about to ensure your child's safety while attending surf camp: \_\_\_\_\_

• Drug Allergies? \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_

**IMPORTANT! PLEASE PRINT LEGIBLY**

**Mail this Form & Check for Payment to:  
 Surf Laws co. / 137 Oxnard Ave. / Oxnard, CA 93035**