



PRIMP CAMP

JUNE 20-22 9AM-12PM

JUNE 27-29 9AM-12PM

Camper's Name:

Age:

Birthday:

School Camper Attends

Grade in fall:

Parent/Guardian's Name:

Address:

Email:

Phone Number:

Emergency Contact:

Phone Number:

Full payment of \$175 is required to reserve a space in Primp Camp.

Credit Card Number:

Exp Date:

Name on Card:

With my signature below, I give my permission to the staff at Primp Style Lounge to seek medical attention for my child in the event of an accident or injury. In case of accident or injury, my signature releases Primp Style Lounge from any responsibility.

I give my permission to use my child's photo/video images for publication purposes. The images may be use for print or website/social media outlets.

Signature:

Date: