



SMS



BERT HAMMEL BASKETBALL ONLY

Grades 4-8

SUMMER CLUB REGISTRATION FORM

Name: _____ Female: ____ Male: ____
Birth date: _____ Grade _____
Parent or Guardian Name (primary contact): _____
Address: _____ City: _____ Zip: _____
Daytime Phone: _____ Home Phone: _____ Cell Phone: _____
E-mail address: _____

TIME: Drop off 8am – 12:00
Cost: Full Day \$ 150.00- **MONDAY –THURSDAY ONLY**

Session I	June 19 th – June 23 rd	\$ _____
Session II	June 26 th – June 30 th	\$ _____
Session III	July 17 th – July 21 st Closed	\$ _____
Session IV	July 24 th – July 28 th	\$ _____
Session V	July 31 st – Aug 4 th	\$ _____

Total Payment \$ _____

PAYMENT DUE AT TIME OF REGISTRATION: CASH, CHECKS, MASTER CARD & VISA are accepted.
Payment by: Check's (made payable to **Saint Michael's School**)

Please Mail All Forms : Kerrie Abate, Computer Teacher, Saint Michael's School , 80 Maple Ave, North Andover, MA 01845

If you have any questions or concerns please contact , Kerrie Abate, Kerrie_Abate@saintmichael.com