**NEW ORLEANS ACADEMIC GAMES LEAGUE CAMP**

**June 12-16, 2017**

**REGISTRATION FORM**

Complete the form below for each student you are registering. **Type** the information into the boxes provided and return as an email attachment to [bngolden1@cox.net](mailto:bngolden1@cox.net) by Friday, **June 2**,2017. Make additional copies of this form as needed.

**Student Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STUDENT’S NAME |  | | | 2017-18 GRADE |  |
| 2016-17 SCHOOL |  | | | | |
| 2017-18 SCHOOL |  | | | | |
| YEARS PLAYED ACADEMIC GAMES | |  | BOX LUNCH OPTION (Y/N) | |  |

**Parent Information**

|  |  |
| --- | --- |
| PARENT’S NAME |  |
| E-MAIL |  |
| PHONE |  |

Fill in the information below when presenting payment at Brother Martin Monday, June 12.  
Make checks payable to “NOAGL.”

|  |  |
| --- | --- |
| Camp fee | **$125** |
| Box Lunch Option ($25 for the week) |  |
| **Total** |  |

A parental permission form and further details  
will be sent by Friday, June 9, to those who register.