

BLOOMSBURG UNIVERSITY SPORTS CAMPS
Balance Due Form

SPORT: _____

CAMPER'S NAME: _____

PARENT/GUARDIAN PHONE NUMBER: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

Please return this form with your final payment (and medical form if not yet returned) at least two weeks prior to the first day of camp. Please mail to:

Director of Summer Camps
Bloomsburg University
400 East Second Street
Nelson Field House
Bloomsburg, PA 17815

Please make checks payable to Bloomsburg University

If you have any questions, please contact the camp director for your respective sport. This contact information can be found at www.BUcamps.com