

Four Rivers Summer Ultimate Intensive Application

Child's name: _____ Parent's name: _____

Child's age: _____ Years of ultimate experience: _____

Parent contact information:

Phone: _____ Address: _____

Email address: _____

Emergency contact: _____ Phone: _____

Does this child have specific medical needs or other needs that we should know about?

If your child has medical needs that require medication, please send them along with your child (epipen, asthma inhaler, etc.)

What is your child most looking forward to during our week long intensive? _____

Please send application, liability form and payment of \$300 to Terry Plotkin at 2 Traver Court, Greenfield, MA 01301

Or

Four Rivers Charter Public School
248 Colrain Rd.
Greenfield, MA 01301

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Four Rivers Charter Public School

