SEAL Fit Challenge Camp Application April 25 – 27, 2008 849 Second Street, Encinitas, CA 92024

Tel: 760-230-6754 Fax: 800-878-9228

Candid		

Last Name			
Street Address	City	State	Zip
Gender AgeDOB	Home Phone		
Candidates must be 18 or over to atten	; 16-17 with parental co	onsent.	
Parent or Guardian Information (If 16	17 years of age.)		
First Contact	•	act	
Daytime Phone			
Cell Phone			
Email			
Emergency Contact			
Name Phor	·	Relationship	
	@ \$ 50% tuitic	offessional \$795 per candidate Deposit is due with appoint on due April 22, 2008. If the 31st, 2008, you will refer to the second of the secon	lication. Balance of you pay in full prior to
Each application and deposit MUST be accompanied b most recent physical examination completed within the		signature, or application will n	not be processed. A copy of the
PLEASE NOTE : The Director reserves the right to wirules and policies of the camp. In the event of dismissa detailed in this application and that the information I has	or withdrawal, refunds are not pos	ssible. I certify that I have rea	
EMERGENCY CARE : In case of emergency if parent Emergency Department to provide urgent medical treat			S Tactical, Inc. to notify the loca
Signature of Candidate		Date	
Signature of Parent/Guardian (If 16-17 year	of age)	Date	

Please write a 500 word essay on your fitness background, and why you want to attend the SEAL Fit Challenge Camp.				

Please return this application along with a 50% Deposit. This is refundable if written notification of your decision not to attend the SEAl Fit Challenge Camp is received by April 18, 2008. *After this date, the deposit is neither refundable nor applicable to any other candidate or challenge camp.*Tuition balance is due no later than April 22, 2008 to ensure enrollment in the challenge camp, in which you have applied and *is not refundable if the camper chooses not to or is not able to attend the session.*