

## Challenge Camp After School Course Selection Form

Student Name: \_\_\_\_\_



Indicate Registration Days / Times in the chart and class selections below.

	Monday	Tuesday	Wednesday	Thursday
4:00 Class				
4:30 Class				
5:00 Class				

Please contact the office if you have any questions or need assistance.	
Phone:	914-779-6024
Email:	<a href="mailto:info@challengecamps.com">info@challengecamps.com</a>
Web:	<a href="http://www.challengecamps.com">http://www.challengecamps.com</a>

Monday Classes Monday October 5 - Monday December 14			Tuesday Classes Tuesday September 29 - Tuesday December 8		
Time	Class Selections		Time	Class Selections	
4:00	Course Number	_____	4:00	Course Number	_____
	Title	_____		Title	_____
4:30	Course Number	_____	4:30	Course Number	_____
	Title	_____		Title	_____
5:00	Course Number	_____	5:00	Course Number	_____
	Title	_____		Title	_____
Wednesday Classes Wednesday September 30 - Wednesday December 9			Thursday Classes Thursday October 1 - Thursday December 10		
Time	Class Selections		Time	Class Selections	
4:00	Course Number	_____	4:00	Course Number	_____
	Title	_____		Title	_____
4:30	Course Number	_____	4:30	Course Number	_____
	Title	_____		Title	_____
5:00	Course Number	_____	5:00	Course Number	_____
	Title	_____		Title	_____