



Celebrating Our 26th Year!

Star Camps Application Form:

Please send application, medical form, release form and payment to:

Bob Starensier

Star Camps, Inc.
6 Winterberry Path
Acton, MA 01720

Your cancelled check is your receipt and will assure your place in the session.

Name _____

Address _____

Town, State _____ ZIP _____

Home Number _____

Work Number _____

Cell Number _____

Email Address _____

School _____ Age _____ DOB _____ Grade Entering _____

CAMP FEE: \$50 non-refundable deposit is required for each child per camp. Balance is due the first day of camp. For a camper who signs up for 3 or more weeks there is \$ 25.00 per-week discount.

Full day \$350

Half day \$250

Please make checks payable to Star Camps

Please check the camps you wish to attend:

SOCCER – BOYS & GIRLS CAMP

Session 1, July 14-18

- Girls Only Full Day
- Boys Only Full Day
- AM (For 5-7 year olds. Full Day sessions are also available for this age group.)

Session 2, July 28-Aug 1

- Girls Only Full Day
- Boys Only Full Day
- AM (For 5-7 year olds. Full Day sessions are also available for this age group.)

BASEBALL– BOYS CAMP

Session 1, July 7-11

- A.M
- P.M
- Full Day

Session 2, July 21-25

- A.M
- P.M
- Full Day

BASKETBALL– BOYS CAMP

Session 1, July 7-11

- A.M
- P.M
- Full Day

Session 2, July 21-25

- A.M
- P.M
- Full Day

LACROSSE – BOYS CAMP

Session 1, July 7-11

- A.M
- P.M
- Full Day

Session 2, July 21-25

- A.M
- P.M
- Full Day

FLAG FOOTBALL – BOYS CAMP

Session 1, July 14-18

- A.M
- Full Day

Session 2, July 28-Aug 1

- A.M
- Full Day

SOFTBALL – GIRLS CAMP

Session 1, July 7-11

- A.M Morning Only

Session 2, July 21-25

- A.M Morning Only

LACROSSE – GIRLS CAMP

Session 1, July 7-11

- A.M Morning Only

Session 2, July 21-25

- A.M Morning Only

BASKETBALL– GIRLS CAMP

Session 1, July 7-11

- P.M Afternoon Only

Session 2, July 21-25

- P.M Afternoon Only

FIELD HOCKEY– GIRLS CAMP

Session 1, July 7-11

- P.M Afternoon Only

Session 2, July 21-25

- P.M Afternoon Only

VOLLEYBALL – COED

Session 1, July 14-18

- A.M
- Full Day

Session 2, July 28-Aug 1

- A.M
- Full Day



Star Camps Release Form

I understand and accept the condition that neither Star Camps, Inc., nor anyone associated with Star Camps, Inc. will assume responsibility for accidents and medical or dental expenses incurred as a result of the participation in this program. The applicant is in good health and able to participate in physical activity of a vigorous program. In the event of injury or illness, Star Camps, Inc. has my permission to provide medical care.

Parent's signature

_____ Date _____

In addition to this form, you must attach a report of your child's physical and immunizations dated within the past year and signed by the pediatrician.

Prescribed medication authorization:

Parent's signature

_____ Date _____