

MVP Sportsplex C.I.L.T. Application

Last Name

First Name

Parent/Guardian Last Name

First Name(s)

Applicant's Age

Date of Birth

Current School

Fall School

Street Address

City

State

Zip

Applicant's E-mail (if applicable)

Parent's E-mail

List hobbies and special areas of interest: _____

List school clubs, extracurricular activities, sports teams etc that you are involved in:

Have you been charged/challenged with any disciplinary actions while at school? Yes No

If yes, please explain

List five words that describe you: _____

How are you a positive role model for others? _____

We are on our feet and moving 90% of our day. Do you have any physical limitations that would interfere with an active summer camp lifestyle? Yes No

If yes, please explain

Reference 1 (Other than family members)

Reference 2 (Other than family members)

Name

Relationship

Name

Relationship

Phone Number

E-mail

Phone Number

E-mail

Are you a first time MVP Sportsplex Camper? Yes No

Please attach all letters of recommendation to your application. When all information is complete please return all materials to Kid's Stuff. A member of our staff will contact you to schedule an interview.

4035 Burton St SE, Grand Rapids, MI 49525



616.254.8849



www.mvpsportsclubs.com

