

~QUESTIONS?

Email: camppineapple@ucf.edu

Office Phone: 407.903.8275

Fax Number: 407.903.8141

Website: <https://hospitality.ucf.edu/camp-pineapple/>



Registration Form 2019

Camper First Name

Camper Preferred Name

Middle Initial

Last Name

Gender

Street Address 1

Street Address 2

City

State

Postal Code /Zip Code

Camper Birth Date

Camper E-Mail Address

Camper Cell Phone Number

High School Name

High School State

High School City

Camper will complete their (blank) year in High School before attending Camp Pineapple

High School Graduation Year

I can swim?

YES

NO

Industry Interest Entertainment Management
 Event Management
 Hospitality Management
 Restaurant and Food Service
 Management
 Other (Please Specify)

Parent/Legal Guardian Information

Please Note: INFORMATION AND COMMUNICATIONS REGARDING CAMPER WILL ONLY BE SHARED WITH LEGAL GAURDIANS AND EMERGENCY CONTACTS LISTED ON THE APPLICATION FOR PRIVACY PURPOSES.

Parent 1/Legal Guardian 1

First Name

Middle Initial

Last Name

Relationship to Camper

Cell Phone and Work Phone

Email Address

Parent 2/Legal Guardian 2

First Name

Middle Initial

Last Name

Relationship to Camper

Cell Phone and Work Phone

Email Address

Permission Release

Please Check All That Apply

Yes, I would like my student camper to be added to the UCF database with UCF Undergraduate Admissions an UCF Rosen College. I understand by checking yes, I will recieve newsletters and recruitment materials.

Yes, I grant permission for my student camper to be featured on UCF Rosen College social media and camp websites.