

Survivor Fall 2010

Grades 4 and 5

Child's Name _____ Date of Birth _____ Age Now _____

Male ___ Female ___ Allergy Yes ___ No ___ *Health forms on file* yes ___ no ___

Mom _____ Dad _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mom Cell _____

Dad Cell _____ Dad Work # _____

E-Mail Address _____

Date : Spring ~ Week of September 20 to week of December 16

Days: Wednesday

Time: 3:45 to 4:45 pm

Cost : \$220

(family membership \$70 per year)

Program Amount Paid \$ _____ Membership Amount Paid \$ _____ Total Paid \$ _____

Refund Policy: 50% refund if space can not be filled

75% refund if space can be filled

No refunds after start of program

Parent Signature _____

NO AMERICAN EXPRESS

Name on Credit Card _____

Card Number# _____ Exp. date _____ CVV # _____

Card billing address _____

Signature _____ Date _____