

CIRCUS CAMP

FRIENDS SCHOOL - DECATUR - 2010
NEW ADDRESS: 862 Columbia Dr, Decatur, GA 30030

REGISTRATION FORM - PAGE 1 OF 2

Camper #1 Name _____					Date of Birth _____	
1: June <input type="checkbox"/> Full Week 1-4 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 7-11 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 14-18 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 21-25 <input type="checkbox"/> Try-Me Day	5: June <input type="checkbox"/> Full Week 28-July 2 <input type="checkbox"/> Try-Me Day	Advanced Aerial: July 21-July 2 <input type="checkbox"/> Two Weeks	
6: July <input type="checkbox"/> Full Week 5-9 <input type="checkbox"/> Try-Me Day	7: July <input type="checkbox"/> Full Week 12-16 <input type="checkbox"/> Try-Me Day	8: July <input type="checkbox"/> Full Week 19-23 <input type="checkbox"/> Try-Me Day	9: July <input type="checkbox"/> Full Week 26-30 <input type="checkbox"/> Try-Me Day	10: Aug <input type="checkbox"/> Full Week 2-6 <input type="checkbox"/> Try-Me Day	Extreme Magic: July 5-9 <input type="checkbox"/> One Week	
BeforeCare Session(s): Circle day(s)	[1: MTWTF] [6: MTWTF]	[2: MTWTF] [7: MTWTF]	[3: MTWTF] [8: MTWTF]	[4: MTWTF] [9: MTWTF]	[5: MTWTF] [10: MTWTF]	[Adv. Aerial: MTWTFMTWTF] [Extreme Magic: MTWTF]
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T-Shirt - Size <input type="checkbox"/> Child 6-8] <input type="checkbox"/> Child 10-12] <input type="checkbox"/> Small] <input type="checkbox"/> Medium] <input type="checkbox"/> Large] <input type="checkbox"/> X-Large]						

Camper #2 Name _____					Date of Birth _____	
1: June <input type="checkbox"/> Full Week 1-4 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 7-11 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 14-18 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 21-25 <input type="checkbox"/> Try-Me Day	5: June <input type="checkbox"/> Full Week 28-July 2 <input type="checkbox"/> Try-Me Day	Advanced Aerial: July 21-July 2 <input type="checkbox"/> Two Weeks	
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Camper #3 Name _____					Date of Birth _____	
1: June <input type="checkbox"/> Full Week 1-4 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 7-11 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 14-18 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 21-25 <input type="checkbox"/> Try-Me Day	5: June <input type="checkbox"/> Full Week 28-July 2 <input type="checkbox"/> Try-Me Day	Advanced Aerial: July 21-July 2 <input type="checkbox"/> Two Weeks	
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Camper #4 Name _____					Date of Birth _____	
1: June <input type="checkbox"/> Full Week 1-4 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 7-11 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 14-18 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 21-25 <input type="checkbox"/> Try-Me Day	5: June <input type="checkbox"/> Full Week 28-July 2 <input type="checkbox"/> Try-Me Day	Advanced Aerial: July 21-July 2 <input type="checkbox"/> Two Weeks	
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REGISTRATION FORM - PAGE 2 OF 2

Parent Name _____

Camper(s) Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Family E-mail Address _____

Payment Info

Registration requires at least a 50% non-refundable deposit on camp sessions and 100% on shirt orders.
Balance is due by May 22, 2009.

Camp Session(s) (\$235 per week).....\$ _____
Advanced Aerial (\$550 two weeks).....\$ _____
Extreme Magic (\$250 one week)\$ _____
Try-Me-Day (\$50 per child/Monday)\$ _____
(Pre-Registration) Before Care (\$10 per time) \$ _____
(Pre-Registration) After Care (\$10 per time) ...\$ _____
Circus Camp T-shirt (\$20 per shirt).....\$ _____
Total Amount Due.....\$ _____

Amount Enclosed.....\$ _____

METHOD OF PAYMENT

Check/Money Order enclosed (Payable to **Circus Camp**)

Check/Money Order Number _____

Credit Card MasterCard] VISA]

Card Number _____

Exp _____ Security code _____

Authorized Signature _____

Please mail this form with payment to:

Circus Camp

P.O. Box 1797 Decatur, GA 30031

Phone: (404) 370-0001 - Or fax it to: 404-393-9443

www.CircusCamp.org