

CIRCUS CAMP

FRIENDS SCHOOL - DECATUR - 2011

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 6 - 10 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 13-17 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 20-24 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 27-July1 <input type="checkbox"/> Try-Me Day	5: July <input type="checkbox"/> SHORT Week 5-8 <input type="checkbox"/> Try-Me Day	Advanced Aerial: June20-July1 <input type="checkbox"/> Two Weeks	
6: July <input type="checkbox"/> Full Week 11-15 <input type="checkbox"/> Try-Me Day	7: July <input type="checkbox"/> Full Week 18-22 <input type="checkbox"/> Try-Me Day	8: July <input type="checkbox"/> Full Week 25-29 <input type="checkbox"/> Try-Me Day	9: Aug <input type="checkbox"/> Full Week 1-5 Decatur <input type="checkbox"/> TryMe Day	Extreme Magic: July18-22 <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]	[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 6 - 10 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 13-17 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 20-24 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 27-July1 <input type="checkbox"/> Try-Me Day	5: July <input type="checkbox"/> SHORT Week 5-8 <input type="checkbox"/> Try-Me Day	Advanced Aerial: June20-July1 <input type="checkbox"/> Two Weeks	
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Camper #3 Name _____					Date of Birth _____	
1: June <input type="checkbox"/> Full Week 6 - 10 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 13-17 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 20-24 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 27-July1 <input type="checkbox"/> Try-Me Day	5: July <input type="checkbox"/> SHORT Week 5-8 <input type="checkbox"/> Try-Me Day	Advanced Aerial: June20-July1 <input type="checkbox"/> Two Weeks	
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Camper #4 Name _____					Date of Birth _____	
1: June <input type="checkbox"/> Full Week 6 - 10 <input type="checkbox"/> Try-Me Day	2: June <input type="checkbox"/> Full Week 13-17 <input type="checkbox"/> Try-Me Day	3: June <input type="checkbox"/> Full Week 20-24 <input type="checkbox"/> Try-Me Day	4: June <input type="checkbox"/> Full Week 27-July1 <input type="checkbox"/> Try-Me Day	5: July <input type="checkbox"/> SHORT Week 5-8 <input type="checkbox"/> Try-Me Day	Advanced Aerial: June20-July1 <input type="checkbox"/> Two Weeks	
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FRIENDS SCHOOL - DECATUR - 2011
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 25.

Camp Session(s) (\$250 per week).....	\$ _____
Advanced Aerial (\$590 two weeks).....	\$ _____
Extreme Magic (\$265 one week)	\$ _____
Try-Me-Day (\$60 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