

HERITAGE Arlington Adventure grades 4-6 in fall 2012

Part 1 Check ALL of your choices

****No Camp Wednesday, July 4**

session	7 - 9 am	9 am - 3 pm	3 - 6 pm
June 11 - June 22	<input type="radio"/> 1045-9 \$95/\$118.50	<input type="radio"/> 1046-7 \$283/\$353.50	<input type="radio"/> 1047-1 \$142/\$177.50
June 25 - July 6**	<input type="radio"/> 1046-0 \$85/\$106.50	<input type="radio"/> 1046-8 \$255/\$318.50	<input type="radio"/> 1047-2 \$127/\$158.50
July 9 - July 20	<input type="radio"/> 1046-1 \$95/\$118.50	<input type="radio"/> 1046-9 \$283/\$353.50	<input type="radio"/> 1047-3 \$142/\$177.50
July 23 - August 3	<input type="radio"/> 1046-2 \$95/\$118.50	<input type="radio"/> 1047-0 \$283/\$353.50	<input type="radio"/> 1047-4 \$142/\$177.50
August 6 - August 10*	<input type="radio"/> 1038-7 \$ 47/\$ 58.50	<input type="radio"/> 1039-7 \$142/\$177.50	<input type="radio"/> 1040-2 \$ 71/\$ 88.50

***Session 5 is at Camelot Park. No swimming lessons that session.**

session	Swimming lessons
June 11 - June 22	<input type="radio"/> 1066-2 \$51
June 25 - July 6**	<input type="radio"/> 1066-3 \$51
July 9 - July 20	<input type="radio"/> 1066-4 \$51
July 23 - August 3	<input type="radio"/> 1066-5 \$51

Swimming lessons must be paid in full at the time of registration

swimming lessons are optional

Part 2 - Payment Plan - Check one box & fill out.

- Paying in full \$ _____ amount paid
- Payment plan -only applicable for those registering before May 1
- \$ _____ One session must be paid in full (including extended care if needed).
- \$ _____ \$50 deposit for each additional main camp session.
- \$ _____ \$25 deposit for each additional extended care (7-9am and/or 3-6pm).
- \$ _____ Total paid **must include swimming lessons if chosen**
- \$ _____ Balance Due May 21

Part 3 - Payment Options

- Cash (in-person only)
- Check
- Gift Certificate (\$ amount _____)
- Credit Card
- Visa Master Card Discover
- Card Number _____ - _____ - _____ - _____

Expiration Date (mm/yy) ____ / ____

Signature _____

print name _____

Part 4 - Camper's Information

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Secondary Phone _____

Sex: M F Birth Date ____ - ____ - ____

Part 5 - Please sign

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK AGREEMENT

I have read and fully understand the above Program Details and Waiver and Release of all Claims found on the back of this page.

X _____

Parent/Guardian Signature _____ Date _____