



KIKI SUMMER CAMP

REGISTRATION FORM

CAMP WEEK:

JUNE 19-23, 2017

JULY 17-21, 2017

AUGUST 7-11, 2017

CAMPER'S NAME

AGE

CAMPER'S NAME

AGE

GRADE IN SCHOOL FALL 2017

ADDRESS

CITY / STATE / ZIP

MOTHER'S NAME

MOTHER'S EMAIL

MOTHER'S PHONE NUMBER

FATHER'S NAME

FATHER'S EMAIL

FATHER'S PHONE NUMBER

FIRST CHILD : \$259 / WEEK

EACH ADDITIONAL CHILD : \$239 / WEEK

I WOULD LIKE TO:

PAY IN FULL

PAY A \$50 NON-REFUNDABLE DEPOSIT PER CAMPER, PER SESSION

CARD TYPE:

VISA

MASTERCARD

DISCOVER

AMEX

CHECK

OTHER:

CARD NUMBER

EXPIRATION

SIGNATURE

STAFF NOTES:

DATE PAID: _____

AMOUNT PAID: _____

NOTES: _____