

REGISTRATION FORM
 (Please Mail or Fax to 386-822-7502)

Today's Date _____

Child's Name _____ DOB ___/___/___

Grade (next fall) _____ M / F School _____

2nd Child's Name _____ DOB ___/___/___

Grade (next fall) _____ M / F School _____

Address _____ City _____ Zip _____

Day Phone (_____) _____ Night Phone (_____) _____

Cell/ Pager (_____) _____ E-mail _____

If Possible, Please Group Me with the Following Friends:

1) _____ , 2) _____

				Fees
Week 1	Start Date: _____			\$249
	Extended Care (<i>Choose and Circle</i>)	AM (\$30)	PM (\$40)	
Week 2	Start Date: _____			\$249
	Extended Care (<i>Choose and Circle</i>)	AM (\$30)	PM (\$40)	
Week 3	Start Date: _____			\$249
	Extended Care (<i>Choose and Circle</i>)	AM (\$30)	PM (\$40)	
Week 4	Start Date: _____	AM (\$30)	PM (\$40)	\$249
Total				\$

Payment Method: Check or Money Order MasterCard Visa

Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____ Security Code _____

Signature: _____ Amount to be Billed: \$ _____

SHIRT SIZE YOUTH SIZES SM MED LARGE XL

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