# Registration Form for All Star Kids Camp 2010

*Weekly rate includes lunch all week and special pizza lunch on Fridays

| Please Circle | Sessions | # of Kids | Price: $165– Mem $195-Non | Before Care- $30 8-9am | After Care- $50 3-6pm | Total |
|---|---|---|---|---|---|---|
| **1** | **June 7-11** | X | | | | |
| **2** | **June 14-18** | X | | | | |
| **3** | **June 21-25** | X | | | | |
| **4** | **June 28-July 2** | X | | | | |
| **5** | **July 5-9** | X | | | | |
| **6** | **July 12-16** | X | | | | |
| **7** | **July 19-23** | X | | | | |
| **8** | **July 26-30** | X | | | | |
| **9** | **August 2-6** | X | | | | |
| **10** | **All nine sessions** | X | | | | |
| ****10% discount for second child and for payment of all nine sessions (if applicable)** | | | | | GRAND TOTAL | |

Name– 1st Child Date of Birth T-shirt Size

Name– 2nd Child Date of Birth T-shirt size

Address Phone Number

Email Address

Method of payment

____ Check (enclosed) ____Charge to member account, Acct #_____

____ Credit Card: Card Number_____ Exp._____

***I authorize the Club at Chesterfield to charge my credit card prior to the beginning of each camp session (if applicable). In order to receive the 10% discount for all nine sessions you must submit prepayment in full by June 1, 2010. No refunds will given for no–shows or cancellations.

Signature of parent or guardian_____ Date_____