



3521 Maclay Boulevard, Tallahassee, FL 32312

SUMMER DAY CAMP

Phone # 431-4888

2010 Application

Name _____
Last First Sex Date of Birth

Address _____
Street City Zip

Home Phone # _____ Business Phone/Cell Phone _____

E-Mail Address _____

Parents' or Guardians' Full Name _____

School last attended _____ Grade Completed _____

DAY CAMP

(Payment in full for first week - \$25.00 deposit on additional weeks required with application)

Camper will attend the following weeks: **Ages 5-12 (finished kindergarten) 8:30 – 3:00 \$160.00/week**

June 7 _____ June 14 _____ June 21 _____ June 28 _____

July 5 _____ July 12 _____ July 19 _____ July 26 _____

After Camp Supervision 3:00 – 5:30 \$35.00/week Yes ___ No ___

Does camper have any type of physical disability or allergy the camp should know about? If so, explain:

FEES REQUIRED WITH APPLICATION

Camp requires the first week's fee (\$25.00 Non-refundable) with registration. Other weeks of the camp to be reserved require a \$25.00 non-refundable deposit with the balance due on the MONDAY of the week to be attended. Camps will NOT be reserved without this \$25.00 deposit. Deposits are Non-Transferable. Please make checks payable to PREMIER HEALTH & FITNESS CENTER.

I understand that there is no refund for late arrival or early departure from the camp, or if the camper is dismissed due to disciplinary action. I grant permission for my child to participate in any scheduled "off-campus trips" and allow the publication of any photos taken of my child during the period he/she is in attendance at Camp Premier.

 Signature of Parent or Guardian Date

People authorized to pick up camper _____
