

CM Summer Camp 2010

Child's Name: _____

Address: _____

Town: _____

State: _____ Zip: _____

Phone: _____

School: _____

Grade: _____

Parent/Guardian: _____

Work / Cell #: _____

Parent's E-mail: _____

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Date of Registration: ____/____/____

CM LITTLE KIDS

New Student: \$320.....\$ _____

Returning Student: \$270.....\$ _____

Sibling Discount: \$50 for 2nd or 3rd child (each).....\$ _____

TOTAL COST: \$ _____

CM KIDS/ JUNIORS/ TEENS

	SESSION 1	SESSION 2
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NEW STUDENT:
 With Broadway Show \$525 \$ _____ \$ _____
 Without Broadway Show \$425 \$ _____ \$ _____

RETURNING STUDENT:
 With Broadway Show \$475 \$ _____ \$ _____
 Without Broadway Show \$375 \$ _____ \$ _____

SIBLING DISCOUNT:
 \$50 for 2nd or 3rd child (each) \$(_____) \$(_____) \$ _____

MULTIPLE SESSION DISCOUNT:
 \$50 off 2nd Session \$ _____ \$ _____

SESSION TOTAL COST: \$ _____ \$ _____

GRAND TOTAL: \$ _____

DEPOSIT PAID: \$ _____ \$100 per session

BALANCE PAID: \$ _____

<i>Deposit: Form of Payment</i>	Date: _____
___ Cash	
___ Check (___ ck #)	
___ MC/VISA # _____	
Exp. ___ 3 digit code _____	

<i>Balance: Form of Payment</i>	Date: _____
___ Cash	
___ Check (___ ck #)	
___ MC/VISA # _____	
Exp. ___ 3 digit code _____	

T-Shirt Size: (Check off shirt size)
Child <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL