

REGISTRATION FORM

A **non-refundable deposit of \$50** is required to register your child for Adventure Academy.
 Submit this form and your deposit to: **7925 N. High St., Columbus, OH 43235.**

Family Information

Parent/Guardian: _____ Day Phone: _____
 Mailing Address: _____ Eve Phone: _____
 City _____ State _____ Zip _____ Other Phone: _____

How did you find out about us? Cols Parent / camp fair / word of mouth / school / internet / sibling

Camper Information

Name: _____
 Birthdate ____/____/____ Age _____

Registering For:

- | | |
|----------------------------------|----------------------------------|
| <u>Base Camp A</u> | Ages 7-10 |
| <input type="radio"/> July 6-10 | \$270 per wk. |
| <input type="radio"/> July 13-17 | <input type="radio"/> Aug. 3-7 |
| <input type="radio"/> July 20-24 | <input type="radio"/> Aug. 10-14 |
| <input type="radio"/> July 27-31 | |

- | | |
|----------------------------------|----------------------------------|
| <u>Base Camp B</u> | Ages 10-14 |
| <input type="radio"/> July 6-10 | \$270 per wk. |
| <input type="radio"/> July 13-17 | <input type="radio"/> Aug. 3-7 |
| <input type="radio"/> July 20-24 | <input type="radio"/> Aug. 10-14 |
| <input type="radio"/> July 27-31 | |

- | | |
|----------------------------------|----------------------|
| <u>Junior Frontier</u> | Ages 10-14 |
| <input type="radio"/> July 13-17 | |
| <input type="radio"/> July 20-24 | \$335 per wk. |
| <input type="radio"/> July 27-31 | |
| <input type="radio"/> Aug. 3-7 | |

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Method of Payment

Call 885-1023 for more information.

- Check
 Visa
 Mastercard
 Discover
 Amount due: _____

 Credit Card Number

 Expires

 Name on Card

 Security Code

 Billing Address if Different From Above

 Signature

 Today's Date

Please make checks payable to Camp Mary Orton