

Camp W.A. Camper Application

Last Name _____ First Name _____

Male Female

Age _____ Birthday _____ Grade Going into _____ T-Shirt Size _____

Home address _____

City _____ State _____ Zip _____

Email address(s) _____

Home Telephone (_____) _____

Name of Doctor _____ Office Phone # _____

Father's Cell _____

Mother's Cell _____

List Friends that you would like to be in your child's group _____

<p>PLEASE CHECK THE APPROPRIATE BOX FOR THE SESSION(S) YOU ARE REGISTERING FOR:</p> <p><input type="checkbox"/> Session I - 6/21/10 – 7/16/10 - \$630</p> <p><input type="checkbox"/> Session II – 7/19/10– 7/30/10- \$330</p>	<p>PAYMENT OPTIONS: MAKE CHECKS PAYABLE TO:</p> <p>Westminster Academy® (Attention Coach Clemens) 5601 N. Federal Highway, Ft. Lauderdale, FL 33308</p>
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Payment in full \$ _____ **OR \$300 per child** to hold spot for Session I and \$200 to hold a spot for Session II. (Deposit is non-refundable and goes toward your session costs)

**Balance must be received at least 3 weeks before session begins.
ONLY MasterCard and Visa accepted.
IF USING A CREDIT CARD
PLEASE FILL IN ALL OF THE FOLLOWING INFORMATION**

Print name as it appears on credit card: _____

Billing address if different from above: _____

City _____ State _____ Zip _____

Credit Card Number _____ Expiration Date _____

Turn card over – print 3 or 4 digit number listed above your signature: _____

- I hereby authorize Camp W.A. to charge the **DEPOSIT(S)** for my camper(s) in the amount of \$ _____ on _____ (date).
- I hereby authorize Camp W.A. to charge my **BALANCE** on the appropriate dates outlined in the registration information.
- DO NOT CHARGE** my balance to my credit card. I will pay my balance by check.

Signature _____ Date _____

WE ONLY ACCEPT VISA AND MASTERCARD