

Tiger J 2020 Summer Camp

TIGER J TKD 2020 SUMMER CAMP REGISTRATION FORM

Student's Name: _____ DOB: ___/___/___ Age: _____ Gender: M / F

Parent's Name(s): _____

Address: _____

Phone(s): (Primary) _____ (Secondary) _____

E-mail(s): _____

WEEKS		DAYS ORANGE BOX : EARLY DROP-OFF / GREEN BOX : LATE PICK-UP					3 DAYS \$405	4 DAYS \$500	5 DAYS \$590	PAID
WK 1	7/6 - 7/10	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK 2	7/13 - 7/17	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK 3	7/20 - 7/24	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK 4	7/27 - 7/31	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK 5	8/3 - 8/7	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK 6	8/10 - 8/14	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK 7	8/17 - 8/21	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WK 8	8/24 - 8/28	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment Information:

Credit Card # _____

Expiration Date ___/___ CVV # _____

OFFICE USE ONLY

Subtotal : \$ _____	Art Class Material Fee (\$3/class) # of M/W/F : _____ Total: \$ _____ PAID <input type="checkbox"/>	TOTAL : \$ _____
Sibling Discount 10% : \$ _____	30min. Early Drop-Off / Late Pick-Up (\$25/day) # of Days : _____ Total: \$ _____ PAID <input type="checkbox"/>	

REGISTRATION & CANCELLATION POLICY:

Spaces are limited for the maximum of 9 kids and are reserved on a first come first served basis.

CAMP WILL BE CANCELED IF THERE ARE LESS THAN 5 KIDS A DAY. You will not be charged until we have 5 or more kids for the days you have selected. You will automatically be charged once we have 5 or more kids for the days you have selected.

Due to limited space, no full refund will be given for any cancellation after payment is complete. All cancellation requests must be submitted at least **2 weeks prior to the week(s) being cancelled for a refund minus a cancellation fee of \$50 per each week.** No cancellations or refunds will be processed past this point.

Date: ___/___/___

Signature: _____