



Mail registration to:

Marcy Gallardo
Imagination Circus Arts Camp
1518 Clayton Way
Erie, CO 80516

STUDENT INFORMATION

Name: _____ **Birth Date:** _____ **AGE** _____ **TSHIRT** _____

Please make checks payable to: *Imagination!*
Tuition: \$300/child

Please check the sessions you are enrolling in:
 _____ Session I _____ Session II
 July 10-14 July 17-21
 9:00am-3:00pm 9:00am -3:00pm

How many children are you enrolling? _____

Discount information
 Family and multiple week discounts apply:
 For more information please contact:
 By **Phone** 303 548 9340
 By **Email** (Marcy Gallardo) marcy@imaginationcircusarts.com

FOR OFFICE USE ONLY

Total due: _____

Total Paid: _____

Date received deposit:
Check #:

Waivers received:

REFUND POLICY

An \$100 processing fee will be deducted from the tuition paid, if a student cancels his or her Enrollment from camp before May 31st . Students canceling after May 31st. will not receive a refund. We reserve the right to cancel the camp at any time, in which case all tuition will be refunded in full.

CONTACT INFORMATION

Please submit the contact information for **the parent that is coordinating** the children’s activities...so they may receive notices regarding important camp information.

Contact Parent or Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Contact Email: _____

EMERGENCY INFORMATION

Insurance company and Policy Number: _____

Emergency Contact: _____

I have read, understand, and agree to all terms, conditions and fees.

X _____ **Date** _____

How did you hear Circus Camp camp? (please circle)

FRIEND BOULDER COUNTY KIDS DAILY CAMERA COLO HOMETOWN NEWS

Other: _____