

PLEASE HAVE FORM FILLED OUT AND READY TO PAY BEFORE GETTING IN LINE

Summer Camp Week 6 July 3rd-7th

<u>Days Attending</u>	Place a check beside each day your child plans to attend	<u>Field Trips Attending</u>	Place a check by each trip your child plans on attending
Monday		Ormond Skating \$10	
Tuesday	CLOSED	CLOSED for Holiday	CLOSED
Wednesday		Ormond Regal Sing	
Thursday		Central FL Zoo \$20	
Friday		Daytona Lagoon \$20	
Total Amount Due for Weekly Rate	\$_____	Total Amount Due for Field Trips	\$_____

Circle payment method

Grand Total: \$_____ cash / check / credit card

Child/Children's Name: _____

Parent/Guardian Signature: _____