

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

Summer Camp Week 8 July 17th-21st

<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		Skyzone \$20	
Wednesday		Inflatable Water Slides	
Thursday		Daytona Lagoon \$20	
Friday		Daytona Playhouse 'Alice in Wonderland' \$10	
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: _____