

ADVENTURE CAMP

REGISTRATION FORM

Camper's First Name: _____ Last Name: _____ Gender: _____

Date of Birth: _____ Address: _____ City: _____ State: _____

Zip: _____ School: _____ Guardian Name: _____

Second Guardian Name: _____ Primary Phone: _____

Secondary Phone: _____ Email: _____

T-shirt (check size) Youth M Youth L Adult S Adult M Adult L Adult XL

Please group me with: (We honor requests for ONE other camper to be in the same crew, session, etc.)

Camper's First Name: _____ Camper's Last Name: _____

2012 CAMPS	SESSION 1	SESSION 2	SESSION 3	SESSION 4	PRICE
Time Travelers Ages 6-9	June 25-29 <input type="checkbox"/>	July 9-13 <input type="checkbox"/>	July 16-20 <input type="checkbox"/>	July 23-27* <input type="checkbox"/>	\$245**
World Travelers Ages 10-11	June 25-29 <input type="checkbox"/>	July 9-13 <input type="checkbox"/>	July 16-20 <input type="checkbox"/>	July 23-27* <input type="checkbox"/>	\$285**
Survivor Camp Ages 12-14	June 25-29 <input type="checkbox"/>	July 9-13 <input type="checkbox"/>	_____	_____	\$345**
				*Session 4 opened only if previous weeks of camp are filled	**For Early Bird Pricing register by April 1st!

*Please call 614-846-8946 or check www.supergames.org to inquire if Session 4 will be available.

** After April 1st all camps increase by \$50.

CAMP AMOUNT \$ _____

Would you like to donate and help sponsor a camper? \$ _____

TOTAL AMOUNT \$ _____

METHOD OF PAYMENT

Please select the camp you would like your child to attend, enclose your check or provide your credit card information and return to:
The Adventure Camp 535 B. Lakeview Plaza Blvd. Worthington, OH 43085

Check # _____

Check Card Type: Visa MC Card # _____ Exp. Date: _____

If billing address is different than above address, please list: _____

CANCELLATION POLICY:

We understand family plans change, so we offer a full refund less a \$50 administrative fee until May 1st. There are no refunds after May 1st, unless a qualified camper can take your child's place.

