

2295 S. Hiawasse Road #301
Orlando, FL 32835
407.354.0722

www.floridafestivaltours.com

SUMMER CAMP 2009 REGISTRATION

LAST NAME: _____ First Name: _____

PARENT/GUARDIAN NAME: _____ [] BOY [] GIRL

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE: _____ MOTHER'S CELL: _____ FATHER'S CELL: _____

DATE OF BIRTH: ___/___/___ AGE: _____ E-MAIL: _____

CHOOSE YOUR CAMP DATES

- WEEK ONE June 29-July 3, 2009 (\$395.00)
- WEEK TWO July 6-10, 2009 (\$400.00)
- WEEK THREE July 13-17, 2009 (\$439.00)
- WEEK FOUR July 20-24, 2009 (\$415.00)
- WEEK FIVE July 27-31, 2009 (\$395.00)
- WEEK SIX August 3-7, 2009 (\$400.00)
- WEEK SEVEN August 10-14, 2009 (\$439.00)
- WEEK EIGHT August 17-21, 2009 (\$415.00)

PAYMENT INFORMATION:

Amount \$ _____

Check/Money Order CK # _____

[Paypal](#)

I understand that all camp fees paid is non-refundable and that Florid Festival Tours has the right to change the itinerary due to inclimate weather.

Parent/Guardian Signature X _____ Date _____