

2016 REGISTRATION FORM

PLEASE CHECK ONE & ATTACH PROOF (FOR THE BUSINESS RATE):

Mission Resident/Member

Mission Business Owner/Employee

Non-Resident

Shirt sizes: YXS (2-4) YS (6-8), YM (10-12), YL (14-16)

Child #1: _____ **DOB:** _____

Child #2: _____ **DOB:** _____

T-Shirt Size (please circle): YXS YS YM YL AS AM AL AXL AXXL

T-Shirt Size (please circle): YXS YS YM YL AS AM AL AXL AXXL

Camp Weeks	Dates	Mission Res. Bus. Employee or Member Rate:		Non-Resident Rate:		Child #1 Please write MSC or TNT	Child #2 Please write MSC or TNT	LEGO Child #1 \$150/wk	LEGO Child #2 \$150/wk	Tennis Lessons	Swim Lessons		Child #1	Child #2	
		(MSC)	(TNT)	(MSC)	(TNT)						Child #1	Child #2			
MSC/TNT Week #1	6.6-6.10	\$129	\$139	\$139	\$149					June Session \$45/child					
MSC/TNT Week #2	6.13-6.17	\$129	\$164	\$139	\$174										
MSC/TNT Week #3	6.20-6.24	\$129	\$164	\$139	\$174										
MSC/TNT Week #4	6.27-7.1	\$129	\$164	\$139	\$174					July Session \$45/child					
MSC/TNT Week #5	7.5-7.8	\$103	\$113	\$113	\$123										
MSC/TNT Week #6	7.11-7.15	\$129	\$139	\$139	\$149										
MSC/TNT Week #7	7.18-7.22	\$129	\$164	\$139	\$174										
MSC/TNT Week #8	7.25-7.29	\$129	\$139	\$139	\$149										
MSC/TNT Week #9	8.1-8.5	\$129	\$164	\$139	\$174										

PAYMENT OPTIONS: (Please check **ONE**)

Pay in **FULL**

Pay Plan - MUST sign up by May 8

Payment Details:

Payor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the use of my:



Credit Card Number: _____

Expiration Date: ____/____/____ CVV2 #: _____ Billing Zip: _____

Print Name as it appears on card: _____

Please **EMAIL** me my receipts: _____

Please send me **CAMP TEXT Alerts**, regarding payment reminders & field trip updates:

Cell phone #: _____ Cell phone provider: _____

LEGO Camps Subtotal (due at registration):	\$
Tennis Lesson Subtotal	\$
Swim Lesson Subtotal	\$
Add'l T-Shirts: # _____ x \$6.50ea.	\$
Concession Cards: # _____ x \$5.00ea.	\$
GRAND TOTAL of Summer Fees:	\$
Amount Due Upon Registration:	\$

Payment Agreement:

I understand and agree that my one-time payment or weekly payments will be taken in full or as indicated in the Camp Fees Detailed table in the Parent Handbook. I understand that an invalid card or card with insufficient funds may result in my child being removed from the program and that all future registrations may be forfeited until outstanding balances are paid in full.

Payors Signature _____

Date _____