IMPACT ONE Allstars – SOUTH Summer Camps 2024

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ALLST/	ARS

Student Name: Parent Name:					Phone:		Date Email:		ALLSTARS				
				F									
PLEASE CHEC	K THE APP	ROPRIATE	BOX(ES)						UP	DATED V	VAIVER (ON FILE? □	
CAMP WEEK	Pre- School	Half-Day Morning	Half-Day Afternoon	Full Day	Extended	Extended	For Office U	Use Only:					
Weeks designated Afternoon CHEER Camp weeks are marked w/**	FUN M-F 8am-12pm \$150	FUN M-F 8am-12pm \$175	M-F	FUN/CHEER M-F 8am-5pm \$300	Option M-F 7am-8am add'l \$30	Option M-F 5pm-6pm add'l \$30	Amt Due	Amt Paid	Pymt Method	Bal Due	Date Due	Notes	
1-June 3-7													
2-June 10-14**			**	**									
3-Jun 17-21													
4-Jun 24-28**			**	**									
5-Jul 8-12													
6-Jul 15-19**			**	**									
7-Jul 22-26													
8-Jul 29-Aug 2**			**	**									
9-Aug 5-9													
**Weeks marked PAYMENT OPTIC \$75 Non-refu If paying by Pay in Full at	ONS: Please undable Description of research to the contract of	se Note the eposit – oit card, be gistration (ih / \square Che	at a \$75 non alance will c includes \$7 ck #	-refundable automaticall 5 non-refund / Credit (e deposit is by be run to dable depo	the card onesit)	on file 7 da	iys prior to	start of car	•			
Name on Co Billing Addre	ard:			Credit	/Debit Card	d #			Exp Do	ate			
Signature: _						Cily 		•	JIGIE	4iP _			