

Alexander's Martial Arts Karate Camp Reservation Form

1st Child's Name: _____ Age: _____

2nd Child's Name: _____ Age: _____

3rd Child's Name: _____ Age: _____

Parent's Name: _____

Phone Number: _____ Email: _____

Weekly Rate is determined by type of student. (Circle Student Type)

Visiting Student 1st child is \$225.00; additional children from the same household are \$215.00.

AMA/MYB Student 1st child is \$185.00; additional children from the same household are \$175.00.

Registration is ALWAYS on a first come, first sign-up basis.

Circle the weeks your child will be attending and fill in the \$50 deposit.

Pick the desired weeks	1 st Child Deposit	2 nd Child Deposit	3 rd Child Deposit	Total Deposit
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Summer Camp

1.	5/28 to 5/31/2019	\$ _____	\$ _____	\$ _____	\$ _____ * closed 5/27
2.	6/3 to 6/7/2019	\$ _____	\$ _____	\$ _____	\$ _____
3.	6/10 to 6/14/2019	\$ _____	\$ _____	\$ _____	\$ _____
4.	6/17 to 6/21/2019	\$ _____	\$ _____	\$ _____	\$ _____
5.	6/24 to 6/28/2019	\$ _____	\$ _____	\$ _____	\$ _____
6.	7/8 to 7/12/2019	\$ _____	\$ _____	\$ _____	\$ _____
7.	7/15 to 7/19/2019	\$ _____	\$ _____	\$ _____	\$ _____
8.	7/22 to 7/26/2019	\$ _____	\$ _____	\$ _____	\$ _____
9.	7/29 to 8/2/2019	\$ _____	\$ _____	\$ _____	\$ _____

Spring Break

3/18 to 3/22/2019	\$ _____	\$ _____	\$ _____	\$ _____
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One time \$25 Registration Fee	\$25	\$25	\$25	\$25
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Registration Fee + Deposit Total	\$ _____	\$ _____	\$ _____	\$ _____
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AMA Camp T-Shirt Size	_____	_____	_____	_____
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Completion of fees & paperwork are due before the first day of AMA camps. The Reservation Form, Karate Camps Program Application, **\$25 Registration Fee**, and the **non-refundable \$50 deposit** for each week attending camp ensures your child's spot is reserved. The remaining balance is due on **THURSDAY** the week preceding each camp week.

Payment Options:

1. CREDIT CARD # _____ EXP. DATE _____

2. MAKE CHECKS PAYABLE TO: ALEXANDER'S MARTIAL ARTS

- I hereby request that you RESERVE a space for my child(ren) at the AMA Camp for the weeks specified above. I understand that AMA is closed on major holidays and agree to pay for the full week of camp. AMA **WILL NOT** prorate any weeks of camp. I agree to be bound by the rules outlined in the Karate Camp Guidelines.
- I hereby grant permission for Alexander's Martial Arts/MYB to use pictures of my child in promotional/advertising flyers and other media.
- **Cancellation/Refunds:** The \$50 deposit is **non-refundable**. In order to cancel, submit your request in writing at least **14 days** before the start of the week(s) indicated above. The remaining balance is due on **THURSDAY** the week preceding each camp week Initial

Parent Signature: _____ Date: _____