

Name: _____ Camp Date: _____

ASP Skate Camp

2008 Registration

DATES & RATES
Sales Tax Not Included
Check all that apply

\$175 deposit required to register, balance due May 1.

DAY CAMP (Mon-Fri 9am - 3:30pm)
\$388 for Summer Day Camp (Bring one friend for free)
\$295 for each additional week. (Bring one friend for free)

OVERNIGHT CAMP
\$688 for Summer Overnight Camp (\$578 for additional camper)
\$595 for each additional week attended

- #1 Skateboard Day / Overnight Camp June 16 - 20
- #2 Skateboard Day / Overnight Camp June 23 - 27
- #3 Skateboard Day / Overnight Camp July 7 - 11
- #4 Skateboard Day / Overnight Camp July 21 - 25
- #5 Skateboard Day / Overnight Camp Aug 4 - 8
- #6 Skateboard Day / Overnight Camp Aug 18 - 22

PICK A PROGRAM

Make sure you register for the correct program and session dates.

The switching fee will not apply until April 15, 2008

After April 15, 2008, if you need to switch and space is available, a \$30 switching fee will apply.

YEAR PASS \$499 Membership - 15% off Day Camp or \$100 off per week of Overnight Camp package
No other discounts apply except EARLY BIRD discounts.

Sibling Discount \$25 off Per Session - Take discount on all siblings after the first child registered.

Name: _____ Camp Date: _____

ASP Skate Camp

2008 Registration

CAMPER INFORMATION

Camper First Name:

Camper Last Name:

Parents Full Name:

Male Female*

* Females may not attend Overnight Camps but may attend Day Camps.

Birth Date: Age at camp start date:

(For overnight camp package, must be 10 -17 by first day of camp. For Day Camp, must be 7 - 17 by first day of camp)

Address: City: State:

Zip:

Home Phone: Work:

Cell Phone: Cell2:

Email:

Roommate Request:

How did you hear about Adrenaline Skateparks Summer Camp?

What is your shirt size? YouthSmall YouthMedium YouthLarge AdultSmall AdultMedium AdultLg Adult XL

One T-shirt is included in camp package. You may order additional t-shirts by adding \$15 per shirt to your payment.

Indicate Quantities & Size

ASP Skate Camp

2008 Registration

PAYMENT INFORMATION

(Please add 8.25% Sales Tax to your total.)

Payment Method: Cash Check VISA MC AM Other

Total Due: \$ _____

Amount of Payment: \$ _____

*** REGISTRATION WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED***

CrCard No: _____

Name on Card: _____

Billing Address on Card if different from above:

Address: _____

Zip: _____

Parent Signature: _____

Balance due May 1, 2008: \$ _____

Expiration Date: _____

3 Digit CV Number on Card: _____

City: _____ State: _____

Date: _____

REFUND INFORMATION

Anytime before May 1, 2008, upon written notice of cancellation, deposit less \$100 processing fee is refundable. If final payment is not received by May 1, 2008, deposit and space will be forfeited. THERE WILL BE NO REFUNDS AFTER MAY 1, 2008 FOR ANY REASON INCLUDING BUT NOT LIMITED TO INJURY, SICKNESS AND SUMMER SCHOOL.

REQUIRED: By signing above, I understand and accept the terms of registration including the Payment Policy and Refund policy, for the Adrenaline Skate Park Camps.

Payment Calculation:

Description	\$Amt	Provide Name of Host If You Are a Guest.
Attending Day Camp . .	\$388.00	
Day Camper Host Splitting Fee With Guest .	\$194.00	
Guest of Day Camp Host . .	\$194.00	
Attending Overnight Camp .	\$688.00	
Guest of Overnight Camp Host .	\$578.00	
Attending 2nd Week of Day Camp .	\$295.00	
Attending 2nd Week of Overnight Camp .	\$595.00	
Subtotal Sum:		
Subtract Discount If You Are a \$499 1yr Member:		
Subtract \$25 if you are a sibling of Host:	_____	
Subtotal:		
Add 8.25% Sales Tax		
Total Camp Fee:	_____	

Mail this registration with Check to:

**Adrenaline Skate Park
2703 Laguna Point Circle
Katy, TX 77450**

Be sure to circle shirt size of camper

Call and Register

(281) 395-8000

or

Email Registration

rthompson1000@comcast.net

or

Parent Signature: _____

Date: _____