

**CAMP LION KNOLL FEE AGREEMENT**

Parent/Guardian Name \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone # \_\_\_\_\_

<b>For Office Use Only</b>	
Slot _____	
Deposit Amt _____	
Check <input type="checkbox"/>	Cash <input type="checkbox"/>
	MO <input type="checkbox"/>
Check/MO # _____	

**Your space will be considered reserved if:**

- 1.) Space is available.
- 2.) All paperwork is returned (including camper's immunization history and proof of physical) and DUE BEFORE JUNE 12th, *If this is not received by the due date, your child CANNOT attend.*
- 3.) A **DEPOSIT** of \$200 which will be applied to the balance total at the end of the session.
- 4.) Subsequent payments are made the Wednesday prior to each session enrolled unless a payment arrangement has been made.

**I agree to:**

- 1.) Pay for days my child is sick or I choose not to bring her/him.
- 2.) Any changes made AFTER May 29th will result in a \$50.00 non-refundable administrative fee, per child.
- 3.) Pay a \$10.00 fee if my check is returned for insufficient funds and also make every subsequent payment as cash or a money order.

**FEES: \$780/Session \$20.00 Sibling Discount**

Session	DATES	PAYMENT DUE DATE	1 <sup>st</sup> Child's Name:		2 <sup>nd</sup> Child's Name:		3 <sup>rd</sup> Child's Name:	
			Session I Session II Both	Cost	Session I Session II Both	Cost	Session I Session II Both	Cost
I	June 29-July 24	Wednesday June 24	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
II	July 27-Aug 21	Wednesday July 22						
Both	June 29-Aug 21	Wednesday June 24						

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_