

ON YOUR MARK, GET SET, GAME ON!

GAME ON! SPORTS CAMP 4 GIRLS/CONTRACT SUMMER 2008

Game On! Sports Camp 4 Girls will meet from approximately 9:00 a.m. to 3:00 p.m. each day during the eight week session. Camp will operate from Monday, June 16th to Friday, August 8th, with no camp on Friday, July 4th.

(Please fill out **ALL** parts of the application completely)

PLEASE CHOOSE THE PROGRAM YOU WISH TO ATTEND:

- PROGRAM 1:** JUNE 16 TO JULY 11 (4 Weeks) **PROGRAM 2:** JULY 14 TO AUGUST 8 (4 Weeks)
 PROGRAM 3 : JUNE 16 TO JULY 25 (6 Weeks) **PROGRAM 4:** JUNE 30 TO AUGUST 8 (6 Weeks)
 PROGRAM 5: JUNE 16 TO AUGUST 8 (8 Weeks) **PROGRAM 6:** ANY 2 CONSECUTIVE WEEKS *Please specify weeks* _____
 PROGRAM 7: WE ARE OPEN TO VARIOUS COMBINATIONS OF 3 WEEKS OR MORE *Please specify weeks* _____

Coach in Training Program (C.I.T.)
(available to freshmen and sophomores)

Please check box **AND** check above next to applicable program (C.I.T. Program cost: 1/2 of selected program fees!)

GAME ON! SPORTS CAMP 4 GIRLS 2008 FEES:

PROGRAM 1 or 2: \$2,070 (or any 4 consecutive weeks) **PROGRAM 3 or 4: \$2,745**
PROGRAM 5: \$3,300 **PROGRAM 6: \$1,080**

HOT LUNCH PROGRAM

You may choose a nutritious hot lunch 4 days a week. There will be no lunch provided on days we go on field trips. Please check box and include in your camp fees. **PROGRAM 1 or 2: \$140** **PROGRAM 3 or 4: \$210** **PROGRAM 5: \$280**

GAME ON! AFTER CAMP CARE: (pick-up required)

\$100 per child per week (available daily 3:00 p.m.- 5:30 p.m.) Please check box and include in your camp fees.

SIBLING DISCOUNT:

Save **\$25** for 2 or 4 weeks or **\$50** off for 6 or 8 weeks per family.

Camper's Name: _____

Birth Date: ____/____/____ School: _____ Grade (Fall '08): _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ T-Shirt Sizes: S M L XL YOUTH S M L

Parent or Guardian (Please Print): _____ Email Address (Required): _____

PAYMENT ENCLOSED:

(Please check A or B): **A:** **PAYMENT IN FULL** **B:** **DEPOSIT OF \$500.00 PER CAMPER**

It is hereby understood that a deposit of \$500.00 per camper is required with this contract. I undertake and agree to pay the balance on or before June 6, 2008. Game On! reserves the right to cancel enrollment if all fees are not paid in full by that date.

Signature: _____

- I have enclosed a check or money order for my entire fee made payable to **Game On!**
 I have enclosed a check or money order for \$500.00 made payable to **Game On!** **(We do not accept American Express)*
 Please charge my entire fee to my Visa/Mastercard/Discover.
 Please charge my deposit (\$500) to my Visa/Mastercard/Discover now and charge my balance by June 6, 2008.

Account Number: _____ Security Code #: _____ Exp. Date: _____

Signature: _____ **Date:** _____

CANCELLATION & REFUND POLICY: Camp deposits and fees, minus a \$100 administrative fee, are fully refundable until June 6, 2008. Refunds for medical reasons will be considered after this date.

***Note that our horseback riding and golf programs will require an extra charge.

***Bus service provided for campers living within designated boundaries included in fees.

PLEASE MAIL OR FAX CONTRACT AND PAYMENT TO:

GAME ON! Sports Camp 4 Girls • 1510 Old Deerfield Road, Suite 222, Highland Park, IL 60035
PHONE: (847) 229-9959 FAX: (847) 267-0668