

SUMMER CAMP PROGRAMS
 Application/Payment Agreement

Please check interested programs:

<input type="checkbox"/> 2 WEEK DAY CAMP August 9 – August 19, 2010 Monday – Thursday 9:00 – 4:00 p.m. COST:
<input type="checkbox"/> FIRST STEPS OVERNIGHT CAMP 4 days, 3 Nights August 20 – August 23 COST:

Student Name: _____ Age: _____
 Diagnosis: _____
 Address: _____
City, State, Zip
 Parent/Guardian Name: _____
 Home #: _____ Cell #: _____ Work#: _____
 Email address: _____

PAYMENT OPTIONS BY CHECK OR BY CREDIT CARD
PLEASE MAKE CHECKS PAYABLE TO THE CENTER FOR LEARNING UNLIMITED

I _____ authorize **The Center for Learning Unlimited** to charge my credit card account indicated below for the amount of \$ _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Cardholder Name _____ Billing Address (if different from home address) _____ Account Number _____ Expiration Date _____ CVV2 (3 digit number on back of Visa/MC) _____

- A 2% service charge will be added to your total when paying by credit card.
- Payment must be received by June 8, 2010.
- There will be No Refunds for absences

SIGNATURE _____ DATE _____