

FOR OFFICE USE ONLY...

Guaranteed Session Date _____

Date & Amount of Deposit Received _____

Date & Amount of Balance Received _____

Rise Up Summer Camp 2012 Registration Form

To register for the 2012 Rise Up Summer Camp Season, please fill out the information below and return it to Rise Up with a deposit of \$100.

Mail to:

Rise Up Summer Camp

1225 Church St

Lynchburg, VA 24504

Ph: (434) 845-7625

Web-Site: www.riseupclimbing.com

Register Early to Assure Your Child's Spot in a Session!

Participant's Name _____

Parental Contact's Name _____

Address _____

Home, Work and Cell Phone Numbers _____

Parent's Email Address _____

Participant's Age & Gender _____

Rise Up Member yes or no Membership # _____

Rates: 199.00 Non-members, 179.00 Members, 25.00 off for each sibling.

Deposit of \$100 required to reserve your slot: Make checks payable to Rise Up Climbing or

Visa/Master Card #: _____ expiration date: _____ CCV: _____

Final Payment is due the first day of camp. Refunds and cancellations must be submitted in writing 21 days prior to the start of camp. Deposits are non-refundable nor negotiable after the 21-day deadline.

Minimum number of campers. Rise Up reserves the right to cancel or reschedule a camp session if there are fewer than four registered campers.

Agreement of terms: I _____ do hereby agree to the payment terms stated and fully understand

the information provided within. Signature of consenting parent or legal guardian: _____

Date: _____

Please rank in order of preference the session your child would like to attend, using 1st through 3rd.

Please indicate if child wishes to take the camp twice.

Session Dates:

1. June 25 - 29 _____
2. July 9 - 13 _____
3. July 16 - 20 _____
4. July 23 - 27 _____
5. August 6 - 10 _____