

<b>FOR OFFICE USE ONLY...</b>
Guaranteed Session Date _____
Date & Amount of Deposit Received _____
Date & Amount of Balance Received _____

## Rise Up Summer Camp 2010 Registration Form

To register for the 2010 Rise Up Summer Camp Season, please fill out the information below and return it to Rise Up with deposit (50% of the balance).

**Mail to:**  
**Rise Up Summer Camp**  
**1225 Church St**  
**Lynchburg, VA 24504**  
**Ph: (434) 845-7625**

**Web-Site: [www.riseupclimbing.com](http://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: 190.00 Non-members, 170.00 Members, 25.00 off for each sibling. Aftercare to 6 PM available for an additional \$40 / child.

Deposit information 1/2 of total up front: Make checks payable to Rise Up Climbing or

Visa/Master Card #: \_\_\_\_\_ expiration date: \_\_\_\_\_

*Final Payment is due 30 days prior to the start 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 1<sup>st</sup> through 3<sup>rd</sup>.

Please indicate if child wishes to take the camp twice.

Session Dates:

1. June 21-25 \_\_\_\_\_
2. July 12-16 \_\_\_\_\_
3. July 26-30 \_\_\_\_\_
4. August 9-13 \_\_\_\_\_