



Weekly Reservation Form

Please select the weeks your child will be attending.
One form is required for each participant.

- ____ Week 1: June 20 to June 24
____ **Week 2: June 27 to July 01**
____ Week 3: July 04 to July 08
____ **Week 4: July 11 to July 15**
____ Week 5: July 18 to July 22
____ **Week 6: July 25 to July 29**
____ Week 7: August 01 to August 05
____ **Week 8: August 08 to August 12**
____ Week 9: August 15 to August 19
____ **Week 10: August 22 to August 26**

I, _____(Guardian), would like to secure the weeks listed above for _____ (Participant). I understand that my weeks will not be reserved until the registration fee for each child is paid in full. I understand I cannot cancel or switch weeks for any reason and I agree to pay for the weeks reserved regardless of my child's attendance. I also understand that no refunds are available for any reason.

Signature _____ Date: _____

Weeks reserved _____ Amount Paid _____ Method _____