



2010 Camper Registration Form

Campers who are paid in full by March 1, 2010 will receive a \$15.00 discount. **Send your 50% deposit, payable to Summit Vision**, along with this registration form to: 5640 Lynx Drive Westerville, Ohio 43081. **Campers must be paid in full by May 28, 2010!**

Camper's Name: _____

Male Female Age (at time of camp) _____
(Circle one)

Address: _____

Parent/Guardian: _____

Phone # _____

Parent/Guardian: _____

Phone # _____

Parent/Guardian's email address: _____

I am paying by: check credit card

Amount enclosed: _____

**Please make checks payable to:
Summit Vision**

Credit Card # _____

Type: Visa Master Card

Exp. Date _____ 3-digit code _____

School your child attends: _____

How many friends are attending with your child during the same session? _____

Are you interested in carpooling? Yes No

2010 Camp Sessions

Camps begin at 8:30 a.m. & end at 4:30 p.m.

Sherpas (6 – 9 yrs.)

\$290.00 (deposit \$145.00)

Please circle or highlight the session in which you are interested:

Session 1: June 21 - 25, 2010

Session 2: June 28 - July 2, 2010

Session 3: July 5 - 9, 2010

Session 4: July 12 - 16, 2010

Session 5: July 19 - 23, 2010

Session 6: July 26 - 30, 2010

Session 7: August 2 - 6, 2010

Trekkers (10 – 13 yrs.)

\$310.00 (deposit \$155.00)

Please circle or highlight the session in which you are interested:

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Session 4: July 12 - 16, 2010

Session 5: July 19 - 23, 2010

Session 6: July 26 - 30, 2010

Session 7: August 2 - 6, 2010

Registration Deadline is May 28, 2010. A penalty fee of \$20 per week will be added to your total amount due after this time.

Adventurers (14 – 16 yrs.)*

\$575.00 (deposit \$287.50)

Please circle or highlight the session in which you are interested:

ONE SESSION ONLY

Session 6: July 26 - 30, 2010

*Monday is a day camp, ending at 4:30 p.m. Tuesday, Wednesday & Thursday are overnights. Pick up by 4:30 p.m. on Friday.

Cancellation Policy: Family plans change, so we will return any money paid, less your 50% nonrefundable deposit until May 28, 2010.

For Office Use Only:

Deposit Amount _____

Date Received _____

Check # _____

Credit Card Authorization: _____

Remainder Due: _____

Date Received: _____

Check # _____

Credit Card Authorization: _____

Discount: Yes No

Refund Amount _____

Date of Refund _____

Penalty Fee(s) Yes No

Amount _____

Summit Vision Phone #: (614) 403-3891

FAX #: (614) 895-TEAM