



2011 Camper Registration Form

Send your payment, payable to Summit Vision, along with this registration form to: **5640 Lynx Drive** ☆ **Westerville, Ohio 43081.**

Camper's Name: _____

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

Camper's Birthday _____

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 _____

2011 Camp Sessions

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

Sherpas (6 – 9 yrs.)

\$310.00

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

Session 1: June 20 - 24, 2011

Session 2: June 27 - July 1, 2011

Session 3: July 4 - 8, 2011

Session 4: July 11 - 15, 2011

Session 5: July 18 - 22, 2011

Session 6: July 25 - 29, 2011

Session 7: August 1 - 5, 2011

Trekkers (10 – 13 yrs.)

\$325.00

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

Session 1: June 20 - 24, 2011

Session 2: June 27 - July 1, 2011

Session 3: July 4 - 8, 2011

Session 4: July 11 - 15, 2011

Session 5: July 18 - 22, 2011

Session 6: July 25 - 29, 2011

Session 7: August 1 - 5, 2011

Registration Deadline is MAY 20, 2011 .
ALL FORMS ARE DUE AT THIS TIME. There is a
\$25 late fee after May 20, 2011

Cancellation Policy: If you cancel prior to May 20, 2011, there is a \$100.00 cancellation fee. If you cancel after May 20, 2011, we will refund 50% of the total cost of camp IF we can fill your spot. If we cannot fill your spot, there is NO REFUND.

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES OR SPECIFIC DIETARY NEEDS? YES NO

Please List _____

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