ESO Summer Camp Registration Form 2019 July 22- 26; Monday- Friday August 5-9; Monday-Friday 9AM-3:15PM

STUDENT NAME		
DATE OF BIRTH		
PARENT/ GUARDIAN N	[AME	
TELEPHONE (H)	(W)	
E-MAIL		
ADDRESS:		
BILLING ADDRESS(if different from above)		
In Case of Emergency:		Phone:
2 Week Summer C	amp: \$275	
1 Week Summer C Pleas	Samp: \$150 se Circle: July 22-26	August 5-9
Total:	Checks Mc	ade Payable to ESO, Inc. Memo: ESO Summer Camp
<u>Re</u>	emaining Balance MUST	sit is deducted from overall camp tuition. be paid by July 15. balance beginning June 1.
-	uired: \$15 Registration Fe for all classes at ESO vali	ge for Summer Camp d July 1, 2019- June 30, 2020
Note: 3.5%	s processing fee will be ap	plied to all online payments
Please note any allergies o	or medical conditions ES	O should be aware of:
Parent/Guardian Signature: Date:	:	
	For Office Use	e Only
Received: Paid:		