



INITIAL REGISTRATION FORM 2015

Camper Name:

Age at camp:

Please list all family members who will attend camp and their ages:

Mailing Address:

Home Phone:

Mobile:

E-mail address:

Please indicate which camp/course you are interested in attending and mark your first and second preferences:

___ June 22-26 (arrive 21 st)	Mixed Ages Therapy Program 5-day	Idyllwild, California
___ June 28-30	Mixed Ages Therapy Program 3-day	Idyllwild, California

Have you included your deposit of \$250 to guarantee your slot?

Yes No

***Please be aware that this deposit is nonrefundable. Your slot is secured when your deposit is received. There are 8 slots available per camp and it is a first come-first served basis. Please make sure you have reviewed our tuition payment and cancellation policies available here: <http://kriscamp.org/forms/cancellationpolicies.pdf>*

Please return all forms & deposits to:

Kris' Camp

1132 Green Hill Trace

Tallahassee, FL 32317

kberger62@gmail.com.

Please let us know if you have any questions. Kathy can be reached at 850-445-4821 or kberger62@gmail.com. Thank you!