

REGISTRATION FORM ★ CAMPER INFORMATION

Camper name: _____

Age at camp: _____

Male: Female:

Address: _____

City State Zip: _____

Home phone: _____

Cell phone: _____

Email address (required for contact): _____

Parent/Guardian name: _____

Team name: _____

Coach's name: _____

Roommate request: _____

How did you hear about FLIP FEST? _____

SKILL LEVEL **COMPETITIVE**LEVEL COMPETED 09/10 SEASON:
_____ **RECREATIONAL****SESSION(S) ATTENDING** WEEK 1 MAY 30-JUNE 4 WEEK 7 JULY 11-16 WEEK 2 JUNE 6-11 WEEK 8 JULY 18-23 WEEK 3 JUNE 13-18 WEEK 9 JULY 25-30 WEEK 4 JUNE 20-25 WEEK 10 AUGUST 1-6 WEEK 5 JUNE 27-JULY 2 WEEK 11 AUGUST 8-13 WEEK 6 JULY 4-9

▶ \$50 DISCOUNT FOR EACH ADDITIONAL WEEK

▶ \$50 DISCOUNT FOR EACH ADDITIONAL SIBLING

CAMP FEES \$595 per camper WEEK 11 \$645 per camper WEEKS 1 & 10 \$695 per camper WEEKS 2,8,9 \$725 per camper WEEK 3-7**CAMP T-SHIRT ORDER (OPTIONAL) \$15** youth small 8 adult small adult extra large youth medium 10/12 adult medium youth large 12/14 adult large**PAYMENT**A \$200 REGISTRATION FEE + \$15 CAMP T-SHIRT ORDER (IF APPLICABLE) MUST ACCOMPANY THIS FORM.
(Fee will be deducted from your child's balance).**FORM OF PAYMENT** Check # _____

Amount: _____

 Credit card # _____

Exp. date: _____

Security Code: _____

Name on card: _____

Billing street number: _____

Card type: MasterCard Visa

Billing zip code: _____

Signature: _____

CANCELLATION/REFUND POLICY

FINAL CAMP PAYMENT MUST BE POSTMARKED BY MAY 1, 2010. IF WE DO NOT RECEIVE YOUR FINAL PAYMENT BY MAY 1, 2010, WE MAY FORFEIT YOUR SPOT TO ANOTHER CAMPER. We will refund all payments except a \$50 processing fee to campers who fax or postmark written cancellations **BEFORE** April 1, 2010. We will refund all payments except the \$200 deposit to campers who fax or postmark written cancellations **AFTER** April 1, 2010. **NO REGISTRATION AND CAMP FEES ARE REFUNDABLE WITHIN 14 DAYS OF CAMPER'S SESSION.** We will not give refunds to any camper who withdraws anytime after arriving. We do not give discounts to any camper who arrives late or departs early. All campers must be covered by their own insurance.

I have read the policies and terms above regarding registration and cancellation. I understand and agree to these terms.

Parent/Guardian Signature: _____

Date: _____

Send completed form and \$200 deposit to: **FLIPFEST | 272 Lake Frances Rd | Crossville, TN 38571**