

Adventure Camp Registration Form

Inspire ME Academy

PO Box 353, Wells, ME 04090

www.inspiremeacademy.org

Child's Name: _____ Age/Entering Grade _____

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____

Emergency Number: _____ Contact Person: _____

Does your child have any allergies or other medical concerns? If yes, please detail below. Y or N

Please indicate 1st and 2nd choice for week attending:

August 5th to 9th _____

August 12th to 16th _____

T-shirt size (circle one) Child: Small Med Large Adult: Small Med Large

Cost per week: \$475

Deposit of \$100 is required with Registration Form, balance due July 1, 2019.

Parent/Guardian Signature: _____ Date _____

Enrollment is limited. Register today to guarantee your spot! Payment can be mailed with this form or made on our website www.inspiremeacademy.org.

Limited scholarships are available; contact us to apply. Scholarship applicants are required to submit this application with \$50 deposit.

Cancellations: Full refund prior to July 1, 2019; nonrefundable deposit prior to July 15, 2019; no refunds after July 15, 2019.