

ON YOUR MARK, GET SET, GO!

HI-FIVE SPORTS CAMP/TY WARNER CONTRACT SUMMER 2009

Hi-Five Sports Camp/Westmont will meet from approximately 9:00 a.m. to 2:45 p.m. each day during the eight week session. Camp will operate from Monday, June 15 to Friday, August 7.

(Please fill out **ALL** parts of the application completely)

PLEASE CHOOSE THE PROGRAM YOU WISH TO ATTEND:

- PROGRAM 1:** JUNE 15 TO JULY 10 (4 Weeks) **PROGRAM 2:** JULY 13 TO AUGUST 7 (4 Weeks)
 PROGRAM 3: JUNE 15 TO JULY 24 (6 Weeks) **PROGRAM 4:** JUNE 29 TO AUGUST 7 (6 Weeks)
 PROGRAM 5: JUNE 15 TO AUGUST 7 (8 Weeks) **PROGRAM 6:** ANY 2 CONSEC. WEEKS (Specify) _____

Coach in Training Program (C.I.T.)
Please check box **AND** check above next to applicable program (C.I.T. Program cost: 1/2 of selected program fees!)

HI-FIVE SPORT CAMP 2009 FEES:

PROGRAM 1 or 2: \$1,800 (or any 4 consecutive weeks) **PROGRAM 3 or 4: \$2,250**
PROGRAM 5: \$2,800 **PROGRAM 6: \$950**

HOT LUNCH PROGRAM:

You may choose a nutritious hot lunch. There will be no lunch provided on days we go on field trips (3-4 per summer).

2 Weeks: \$75 **4 Weeks: \$125** **6 Weeks: \$175** **8 Weeks: \$225**

HI-FIVE AFTER CAMP CARE:

\$125 per child per week (available daily 2:45 p.m.- 5:15 p.m.) Please check box and include in your camp fees.

SIBLING DISCOUNT:

Save **\$25** for 2 or 4 weeks or **\$50** off for 6 or 8 weeks per family.

OPTIONAL DOOR-TO-DOOR BUS TRANSPORTATION:

YES **NO** (deduct \$50 per week without bus transportation)

Camper's Name: _____

Birth Date: ____/____/____ School: _____ Grade (Fall '09): _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Shirt Sizes: S M L XL YOUTH L

Parent or Guardian (Please Print): _____ Email Address: _____

PAYMENT ENCLOSED:

(Please check A or B): **A:** **PAYMENT IN FULL** **B:** **DEPOSIT OF \$500.00 PER CAMPER**

It is hereby understood that a deposit of \$500.00 per camper is required with this contract. I undertake and agree to pay the balance on or before March 16, 2009. If paying by credit card I certify that Hi-Five Sports can charge the remainder of my balance on March 16th. Hi-Five Sports Camp/WESTMONT reserves the right to cancel enrollment if all fees are not paid in full by that date.

Signature: _____

- I have enclosed a check or money order for my entire fee made payable to **Hi-Five Sports Camp/Westmont**
 I have enclosed a check or money order for \$500.00 made payable to **Hi-Five Sports Camp/Westmont**
 Please bill my entire fee to my Visa/Mastercard/Discover.
 Please bill my deposit (\$500) to my Visa/Mastercard/Discover now and bill my balance on March 16, 2009.

Account Number: _____ Security Code #: _____ Exp. Date: _____

Signature: _____ **Date:** _____

CANCELLATION POLICY: Deposits, minus a \$100 administrative fee, are refundable until March 16, 2009. **Deposits are not refundable after March 16, 2009.** After March 16, 2009, fifty per cent (50%) of camp fees will be refunded up until the first day of camp (June 15) for **any** cancellations. **NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS OR REVISIONS AFTER MAY 15TH!** All refunds issued within 21 days of the conclusion of camp (August 7). Prorated refunds will be considered for medical reasons only.

PLEASE MAIL OR FAX CONTRACT AND PAYMENT TO:
HI-FIVE SPORTS CAMP/WESTMONT, 600 WAUKEGAN RD., SUITE 105, NORTHBROOK, IL 60062
PHONE: (847) 229-9555 FAX: (847) 229-0068 www.hifivesports.com