



INFINITE BOUNDS FALL CAMP

1901 Preston Park Blvd Plano, TX 75093

(972) 491-1916

Fax (972) 596-8621

www.infinitebounds.com

Name: _____ Age: _____ Birth Date: _____ Sex: _____

Mom: _____ Dad: _____

Address: _____ City: _____ TX, Zip Code: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____

Email: _____

Regular Camp Hours: 9:00am - 2:00pm (See rates below)

Early Drop Off: 8:00am (\$5 per day)

Extended Hours w/Camp: 2:00pm - 5:00pm (\$15 per day)

- | | | | | |
|--|-------------------------------|------------------------------|---|---|
| <input type="checkbox"/> Monday, November 19th | <input type="checkbox"/> 9-12 | <input type="checkbox"/> 9-2 | <input type="checkbox"/> Early Drop Off | <input type="checkbox"/> Extended Hours |
| <input type="checkbox"/> Tuesday, November 20th | <input type="checkbox"/> 9-12 | <input type="checkbox"/> 9-2 | <input type="checkbox"/> Early Drop Off | <input type="checkbox"/> Extended Hours |
| <input type="checkbox"/> Wednesday November 21st | <input type="checkbox"/> 9-12 | <input type="checkbox"/> 9-2 | <input type="checkbox"/> Early Drop Off | <input type="checkbox"/> Extended Hours |

Camp Rates: (9-12): \$30 per day

Camp Rates (9-2): \$40 Per Day

Infinite Bounds has my authorization to charge camp fees to the credit or debit card listed below.:

Card #: _____ Exp: _____ CVV# _____

Name on card (Please Print): _____ Authorizing Signature: _____

I have read **Infinite Bounds' Rules & Policies** and I accept and agree with them. Furthermore, I hereby release **Infinite Bounds** and its agents or representatives of liability for any personal injury to any student arising out of participation in this program. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the student under such circumstances. No refunds will be given for missed days.

Signed: _____ Date: _____

For Office Use Only:		Notes:
Date: _____	Reg By: _____	
Amount: _____	F.O.P: _____	