



# San Francisco – Presidio Heights/Marina

www.campedtech.org | 415.282.MORE (6673) | 877.993.MORE (6673)

## camper information

Date: \_\_\_\_\_ (today's date) Camper Name: \_\_\_\_\_ (first & Last) Camper Email: \_\_\_\_\_ (Optional)

Gender: M F Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ T-shirt Size: (Youth) S M L XL (Adult) S M L XL Does your child need an aid? Yes No  
(circle one) (in Fall 2012) (mm/dd/yy) (circle one) (circle one)

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Sibling Name: \_\_\_\_\_  
(if camper)

How did you hear about us? Returning Camper Referral School Camp Fair Mailer Internet Other Affiliate Membership: Academy of Sciences MOCHA Children's Creativity Museum  
(circle one) (circle all that apply)

If Referral: \_\_\_\_\_ (parent's name) \_\_\_\_\_ (email)

Special Requests (e.g. group with friend): \_\_\_\_\_  
(we'll do our best)

## contact information

<b>Primary Contact</b> Name: _____ <small>(first &amp; last)</small>	<b>Secondary Contact</b> Name: _____ <small>(first &amp; last)</small>
Phone: _____ <small>(home) (cell)</small>	Phone: _____ <small>(home) (cell)</small>
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____ <small>(work)</small> Employer Name: _____	Phone: _____ <small>(work)</small> Employer Name: _____
Employer City: _____ Title (optional): _____	Employer City: _____ Title (optional): _____
Daytime Phone: cell work home <small>(circle one)</small>	Daytime Phone: cell work home <small>(circle one)</small>
Email: _____	Email: _____

(PLEASE PRINT NEATLY. All important camp info & confirmation delivered via e-mail)

Dates & Programs

Place an "x" in each weekly option:  
**AN** = Animation; **DP** = Digital Photography; **MS** = Movie Star; **FG** = Fashion Graphics; **V2** = Video Gaming 2D; **V3** = Video Gaming 3D; **AM & PM** = Extended Care; **PS** = PM Snack; **RV** = Revolution Lunch

	JUNE 4 STUDIO		JUNE 11 PRO		JUNE 18 STUDIO		JUNE 25 PRO		*JULY 2 STUDIO		JULY 9 PRO		TOTAL WKS																								
	V2	AN	AM	PM	PS	RV	V2	AN	AM	PM	PS	RV	V3	DP	AM	PM	PS	RV	V3	DP	AM	PM	PS	RV	MS	FG	AM	PM	PS	RV	MS	FG	AM	PM	PS	RV	

\*Closed Wednesday July 4th: \$30 off weekly price

Pricing

WEEKS	DISCOUNTS	PRICES	TOTALS
1	N/A	\$479	
2		\$958	
3	Prices include <b>\$15 OFF/wk</b> Multiple Week Discount. Add 50% OFF Extended Care below.	\$1,392	
4-Media Packs		\$1,856	
5	Prices include <b>\$25 OFF/wk</b> Multiple Week Discount. Add 50% OFF Extended Care below.	\$2,270	
6		\$2,724	

Discounts

ADDITIONAL DISCOUNTS			
ENROLL BY FEB 29th: \$25 off per week	_____ x \$25		-
SIBLING DISCOUNT: \$10 off each additional child	_____ x \$10		-
*WEEK OF JULY 2ND: \$30 off (no camp 4th of July)			-\$30

Extras

OPTIONAL SERVICES & PRODUCTS			
Extended Care: AM (8-9am); PM (3-6pm):	1 or 2 Weeks: <input type="checkbox"/> AM \$30/wk <input type="checkbox"/> PM \$60/wk	3+ Weeks (Includes 50% discount): <input type="checkbox"/> AM \$15/wk <input type="checkbox"/> PM \$30/wk	+
Revolution Foods: Lunch & AM Snack: add \$30 per week _____ x \$30			+
Revolution Foods: PM Snack (for PM Extended Care only) add \$5 per week _____ x \$5			+
<input type="checkbox"/> Additional Give Camp to Kids Fund donation: \$ _____			+
Promo code: _____ Value: \$ _____			-
<b>GRAND TOTAL</b>			

## payment information

Credit Card  VISA  MasterCard **Payment Options:**  2 payment plan  3 payment plan

CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**Fax** You can also Fax your form(s) with credit card information to 415.449.6161. **Check** Make check payable to "Adventure More". Please mail the completed form(s) with credit card number or check to: Adventure More 2295 Palou Ave, San Francisco, CA 94124. \*\$25 fee charged for all returned checks. **Refund Policy** 100% March 30th, 75% April 27th, 50% refund until May 25th. No Refunds on or after May 26th.  
**Please fill out a new Enrollment Form to enroll another child.**