



# Weekly Reservation Form

Please select the weeks your child will be attending. Form required for each participant.

**Week 1:** June 21 to June 25

**Week 2:** June 28 to July 02

**Week 3:** July 05 to July 09

**Week 4:** July 12 to July 16

**Week 5:** July 19 to July 23

**Week 6:** July 26 to July 30

**Week 7:** August 02 to August 06

**Week 8:** August 09 to August 13

**Week 9:** August 16 to August 20

**Week 10:** August 23 to August 27

I, \_\_\_\_\_ (Guardian), would like to secure the weeks listed above for \_\_\_\_\_ (Participant). I understand that my weeks will not be reserved until the registration fee for each child is paid in full. I understand I cannot cancel or switch weeks for any reason and I agree to pay for the weeks reserved regardless of my child's attendance. I also understand that no refunds are available for any reason.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Weeks reserved \_\_\_\_\_ Amount Paid \_\_\_\_\_ Method \_\_\_\_\_ Approved By: \_\_\_\_\_