



Child's Name: _____

Guardian Name: _____

Age of Camper: _____

Allergies? Yes or No (must circle one)

What Allergy? _____

8111 Lakewood Main St., #106

Lakewood Ranch, FL 34202

941-907-8335

www.knotawlbeads.com

Select Camp Dates - (Please Check AM or PM)

Available Sessions (Monday - Friday)	Check here for AM session (10:00 am - 1:00 pm)	Check here for PM sessions (2:00 am - 5:00 pm)
June 11 - 15	<input type="checkbox"/>	<input type="checkbox"/>
June 18-22	<input type="checkbox"/>	<input type="checkbox"/>
June 25-29	<input type="checkbox"/>	<input type="checkbox"/>
July 2-6	<input type="checkbox"/>	<input type="checkbox"/>
July 9-13	<input type="checkbox"/>	<input type="checkbox"/>
July 16 - 20	<input type="checkbox"/>	<input type="checkbox"/>
July 23 - 27	<input type="checkbox"/>	<input type="checkbox"/>
July 30 - August 3	<input type="checkbox"/>	<input type="checkbox"/>
August 6 - 10	<input type="checkbox"/>	<input type="checkbox"/>
August 13-17	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact

Parent Name: _____ Home Phone# _____

Cell Phone #: _____

Do you have text capabilities: Yes or No (circle one) _____

Email Address: _____

Home Address: _____

Alternate pickup: Name: _____ Phone #: _____ Int. _____

(We will require ID for all alternate pickups) _____ Parent Initials

Name (secondary contact): _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Relationship to child: _____

Payments

50% deposit is required to reserve your space.

Full Balance due 21 days prior to start date.

We accept cash or credit cards.

Cancelation Policy:

21 days or more before start date = full refund

20-15 days before start date = refund less your deposit fee (\$75.00)

14 days or less before start date = no refund

please sign below to indicate acceptance of our cancelation policy and policies handout

X _____

Office Use: Payment Type: Cash or CC (Circle one)	Receipt #: _____
Deposit Date received: _____	
Balance Due Date: _____	Balance received: _____