



# Mr. Amazing's 2019 BIG TOP CIRCUS Day Camp

(ages 5 - 18)

## August 19 – 23 & Aug 26 - 30

### REGISTRATION FORM

Child's Name #1. \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

#2. \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/  
Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

School \_\_\_\_\_

Mom's Tel # work: \_\_\_\_\_ cell: \_\_\_\_\_

Dad's Tel # work: \_\_\_\_\_ cell: \_\_\_\_\_

Emails (required...please print very legibly):

Mom's 1. \_\_\_\_\_

Dad's 2. \_\_\_\_\_

My child(ren) will attend the following camp session/s (check ONE or BOTH boxes):

Session 1: AUGUST 19 – 23  Session 2: AUGUST 26 – 30

**CAMP FEE:** \$450/child/week or \$875/child for both weeks  
(payment in full required with registration)

**DISCOUNTS:** Sibling Discount:

- \$15 off second child's fee per session
- siblings must be registered for same camp session

#### CALCULATE CAMP SESSIONS BELOW:

**BIG TOP CAMP - 2 Weeks: \$875/child** X \_\_\_\_\_ less \_\_\_\_\_ = \$ \_\_\_\_\_  
(9:00am – 4:00pm; ages 7 – 18) (# of children) (sibling discount)

**BIG TOP CAMP - 1 Week: \$450/child** X \_\_\_\_\_ less \_\_\_\_\_ = \$ \_\_\_\_\_  
(9:00am – 4:00pm; ages 7 – 18) (# of children) (sibling discount)

**LITTLE TOP CAMP – 1/2-day: \$75/child** X \_\_\_\_\_ times \_\_\_\_\_ = \$ \_\_\_\_\_  
(9:00am – 12:00pm, ages 5 – 7) (# of children) (# of ½ days)

SUB-TOTAL = \$ \_\_\_\_\_

PLUS REGISTRATION FEE = \$ 25.00

**Grand Total = \$ \_\_\_\_\_**

My full payment in the amount of \$ \_\_\_\_\_, payable to AMAZINGGRACECIRCUS! INC. is enclosed. I understand the terms of this agreement and that I will be required to complete and submit a current medical form and waiver of responsibility form by June 1, 2019. Confirmation, payment notices and camp information will be emailed to me regularly unless I request to receive them by mail. **Cancellations are non-refundable after May 1st, 2019, regardless of circumstances. Payments are refundable prior to April 30th, 2019, minus a \$150.00 cancellation fee.** (Note: For Little Top Campers to appear in Showcase of Talents at end of each week's session, they must have attended at least 3 days of that single session.)

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

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

MAILING ADDRESS: AMAZING GRACE CIRCUS! | 130 First Avenue | NYACK, NY 10960

CAMP ADDRESS: Marydell Center | 640 N. MIDLAND AVE | NYACK NY 10960

Tel: 845-721-5059 Email: [carlo@amazinggracecircus.org](mailto:carlo@amazinggracecircus.org) Web: [www.amazinggracecircus.org](http://www.amazinggracecircus.org)