



Child's Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Age of Camper: \_\_\_\_\_

Allergies? Yes or No (must circle one)

What Allergy? \_\_\_\_\_

Select Camp Dates - (Please Check AM or PM)

8111 Lakewood Main St., #106

Lakewood Ranch, FL 34202

941-907-8335

www.knotawlbeads.com

Available Sessions (Monday - Friday)	Check here for AM session (9:00 am - 12:00 pm)	Check here for PM sessions (1:00 am - 4:00 pm)
June 10-14	<input type="checkbox"/>	<input type="checkbox"/>
June 17-21	<input type="checkbox"/>	<input type="checkbox"/>
June 24-28	<input type="checkbox"/>	<input type="checkbox"/>
July 1, 2, 3, & 5 (\$120)	<input type="checkbox"/>	<input type="checkbox"/>
July 8-12	<input type="checkbox"/>	<input type="checkbox"/>
July 11-15	<input type="checkbox"/>	<input type="checkbox"/>
July 22 - 26	<input type="checkbox"/>	<input type="checkbox"/>
July 29 - August 2	<input type="checkbox"/>	<input type="checkbox"/>
August 5 - 9	<input type="checkbox"/>	<input type="checkbox"/>
August 12 -16	<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: _____