

**Connect The Dots Entertainment
2009 Summer Camp Enrollment Form**

Camper's Name : _____ Camper's age: _____

Parent(s) or Legal Guardian(s): _____

Telephone (h): _____ (w): _____ (c): _____

Telephone (h): _____ (w): _____ (c): _____

Address: _____
City State Zip

Contact person if Parent or Legal Guardian cannot be reached?: _____

Telephone (h): _____ (w): _____ (c): _____

Please check off the camp session(s) and circle which date you would like to attend.:
Your reservation will **not** be held without enrollment fee(s) and completed enrollment forms.

___ **Idol Camp:** July 6-10, July 27-31, Aug 10-14 (Ages 13-15, 8 a.m. – 5:30 p.m.)

___ **PopStar Camp:** June 22-26, July 13-17, Aug. 17-21 (Ages 7-12, 8 a.m. – 2 p.m.)

___ **Superstar Launch:** July 20-24, Aug. 24-28 (Ages 13-19, 8 a.m. – 5:30 p.m.)

All fees are non-refundable

Total Enrollment Fees *due with application*

If you prefer we contact you by email, please include your email.

Email address here: _____

Camp Cancellation Policy: Enrollment fee is NON-REFUNDABLE.

Make Checks Out to: Connect The Dots Entertainment

Credit Card Payment: By providing your credit card information below, you authorize Connect The Dots Entertainment to charge the enrollment fee of \$350, per camp session. **Fax Form to 619-996-8908.**

Credit Card Type: _____ **Card Number:** _____

Exp. Date: _____ **CVC#:** _____

Name on credit card (please print): _____

Signature: _____

Billing address: _____