

INDIVIDUAL CALIFORNIA CAMPER REGISTRATION FORM

CA #1: Tues. 6/29 to Thurs. 7/1

CA #2: Mon. 7/19 to Wed. 7/21

CA #3: Thurs. 7/22 to Sat. 7/24

CHEERLEADER

FLYER BASE BACKSPOT

DANCER

CAMPER NAME: _____ CAMPER EMAIL ADDRESS: _____

PARENT NAME: _____ PARENT EMAIL ADDRESS: _____

HOME/MAILING ADDRESS: _____

HOME PHONE NUMBER: _____ PARENT CELL #: _____

CAMPER AGE AS OF JUNE 1ST, 2021: _____

NAME OF SCHOOL YOU ARE ATTENDING IN 2021-2022: _____

GRADE YOU WILL BE IN FOR 2021-2022: _____

CAMPERS YOU ARE REGISTERING WITH: 1) _____

2) _____

3) _____

4) _____

DO YOU WANT TO REGISTER A PARENT TO ATTEND CAMP? YES NO

NAME OF PARENT(S) ATTENDING CAMP: _____

2 CAMPERS PER ROOM (KING)
\$515 per camper

3 CAMPERS PER ROOM (KING)
\$505 per camper

4 CAMPERS PER ROOM (D/D)
\$485 per camper

2 ADULTS PER ROOM (D/D)
\$495 per adult

1 ADULT PER ROOM (KING)
\$515 per adult

I PLAN ON PAYING MY FINAL CAMP BALANCE BY:

CHECK [] CC PAYMENT []

ALL CAMPERS AND ADULTS REGISTERING ARE REQUIRED TO SUBMIT A \$100 PER PERSON DEPOSIT TO CONFIRM YOUR CAMP RESERVATION. PLEASE BE SURE TO MAIL YOUR CASHIER'S CHECK OR MONEY ORDER TO OUR OFFICE ADDRESS BELOW OR DOWNLOAD THE CC AUTHORIZATION FORM FROM OUR WEBSITE. **TSC'S MAILING ADDRESS IS:**

The Spirit Consultants
ATTN: David Kirschner
28562 Oso Parkway D-218
Rancho Santa Margarita, CA 92688

I understand that by signing this registration form, I have read through the TSC reservation form instructions page, understand the reservation process, and agree to make all payments on time.

I understand that my camper's registration will not be confirmed and guaranteed until the \$100 registration deposit is received by TSC.

I understand that there are NO REFUNDS once payment is made.

PARENT/LEGAL GUARDIAN NAME (PLEASE PRINT)

DATE

PARENT/LEGAL GUARDIAN NAME (SIGNATURE)

TSC

Office (310) 702-3433 | Fax (310) 862-6743

WWW.THESPIRITCONSULTANTS.COM