

# Sandou Circus Camp

6375 S. Arville St., Suite 7B  
Las Vegas, NV 89118  
702-454-5005

## REGISTRATION FORM

Phone Number: (\_\_\_\_\_) \_\_\_\_\_: Your Phone Number is your Registration Number.

First Child's Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Second Child's Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

First Child: Number of Weeks \_\_\_\_\_ Date(s) \_\_\_\_\_

Second Child: Number of Weeks \_\_\_\_\_ Date(s) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

### Tuition

First Child: One Week \$ 125.00 Two Weeks \$ 230.00 \$ \_\_\_\_\_

Second Child:\* One Week \$ 112.50 Two Weeks \$ 207.00 \$ \_\_\_\_\_

\* Includes 10% discount for Sibling.

TOTAL FEES: \$ \_\_\_\_\_

TOTAL

\$

Form of Payment: Credit Card: \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

### Credit Card

Visa  MasterCard  Debit Card

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Code # \_\_\_\_\_

Name on Card \_\_\_\_\_

Applicant acknowledges that he/she understands the tuition payment policies of Sandou Theatrical Circus Studio & School and that full payment for the Sandou Circus Camp is due at the time of Registration. Applicant also understands that all tuition fees are NON-REFUNDABLE.

Applicant acknowledges that he/she must also sign a Waiver, Acknowledgement of Risk and Medical Authorization form as a part of the Registration process.

Parent/Legal Guardian's signature **X** \_\_\_\_\_

Date \_\_\_\_\_