



2014-2015-Vacation Break or Minimum Day Workshop

To register for vacation break or minimum day please fill out the form below with your payment and return it to the Financial Office.

Parent's Name: _____ Email Address: _____

Student #1: _____ Student #2: _____ Student #3: _____

Please circle and write the camp title below: **Minimum Day Workshop**

Specify Workshop Name:

Preschool Camp

K-8th SDFAS camp

Surf Camp half day

Specify Camp Name:

Cell phone: _____ Day phone: _____ Date: _____

Method of Payment:

Total Payment: _____ Check #: _____ Cash: _____

Card number: _____ Date: _____

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MASTER CARD – VISA (Please circle) Expiration Date: __/__

Save this credit card for future purchase: YES NO

Select:

Camp	Student #1	Student #2, #3	Total	Comments
Preschool Camp				
K-8 th SDFAS Camp				
K-8 th Surf Camp				
\$1/minute after 6 pm				

\$ _____