

# The Wizard's Workshop

Name of Child \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone / Cell Phone \_\_\_\_\_

## Background Info

Although it is not necessary to fill in this section it would be helpful for us to know if your child suffers from any illnesses allergic reactions or requires a special diet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## PLEASE READ CAREFULLY

This Registration Form acts as a contract between you and the magicians holding the "Wizard's Workshop Camp". This registration includes a \$50.00 non-refundable Registration Fee. If you decide to cancel registration prior to June 30th, all monies paid excluding the Registration Fee will be reimbursed to you. On the other hand, any cancellations on or after June 30th will void all reimbursement. In case of class cancellation from the organizers, you will be entitled to a full reimbursement including the Registration Fee. Parent or guardian also agrees to waive any personal litigations of any form against the owners of the Wizard's Workshop.

**IMPORTANT** 

I have read the above paragraph (Initial) \_\_\_\_\_

Camp Cost \$300.00 Deposit \$50.00 Balance \_\_\_\_\_

Signature: \_\_\_\_\_

Cash  Check # \_\_\_\_\_ Checks payable to "Phil Smith"

Balance to be paid no later than May 31st

Send Payment to: Phil Smith 38 Racine Ave., Portland, ME 04103. 