



**OHIO WUSHU ACADEMY 2015 SUMMER CAMP RETISTRATION FORM**

Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Present Grade in School \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street or box number City State Zip

E-mail \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Please Select Camp Options:**

- \_\_\_\_\_ \$225/week, full day (8:30a-5:30p)  
 \_\_\_\_\_ Week of 6/15-6/19      \_\_\_\_\_ Week of 6/22-6/26      \_\_\_\_\_ Week of 7/13-7/17  
 \_\_\_\_\_ Week of 7/20-7/24      \_\_\_\_\_ Week of 8/3—8/7      Total \$ \_\_\_\_\_

- \_\_\_\_\_ \$125/week, half day; please select am or pm:      \_\_\_\_\_ 8:30a-12p      \_\_\_\_\_ 1p-5:30p  
 \_\_\_\_\_ Week of 6/15-6/19      \_\_\_\_\_ Week of 6/22-6/26      \_\_\_\_\_ Week of 7/13-7/17  
 \_\_\_\_\_ Week of 7/20-7/24      \_\_\_\_\_ Week of 8/3—8/7      Total \$ \_\_\_\_\_

- \_\_\_\_\_ \$65/day, single day (8:30a-5:30p), please circle the days  
 6/15 6/16 6/17 6/18 6/19 6/22 6/23 6/24 6/25 6/26 7/13 7/14 7/15 7/16  
 7/17 7/20 7/21 7/22 7/23 7/24 8/3 8/4 8/5 8/6 8/7      Total \$ \_\_\_\_\_

Parent's signature \_\_\_\_\_

Registration Deadline: **6/8/15. \$50 due at the time of registration, remaining balance due on the first day of camp.** Make checks payable to: **OH Wushu Academy or Sen Gao**

**Ways to Register:** Completed registration forms can be turned in **1)** in person/on site **2)** emailed to [master.gao@yahoo.com](mailto:master.gao@yahoo.com) , or **3)** send a picture of the completed form to Master Gao through Wechat)

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For Office Use Only: Payment Received on \_\_\_\_\_