



Infinite Bounds Thanksgiving Camp

1901 Preston Park Blvd Plano, TX 75093

(972) 491-1916

Fax (972) 596-8621

www.infinitebounds.com

Name: _____ Age: _____ Birth Date: _____ Sex: _____

Mom: _____ Dad: _____

Address: _____ City: _____ TX, Zip Code: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____

Email: _____

Regular Camp Hours: 9:00am - 2:00pm (See rates below)

<input type="checkbox"/> Monday, November 23rd	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Extended Hours
<input type="checkbox"/> Tuesday, November 24th	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Extended Hours
<input type="checkbox"/> Wednesday, November 25th	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Extended Hours

RATES:

Early Drop Off: 8:00am (\$5 per day)

Extended Hours: 2:00pm - 5:00pm (\$15 per day)

Current IB Customers Promotion: 1 Day - \$35 2 Days - \$70 3 Days - \$105

Guests: 1 Day - \$40 2 Days - \$80 3 Days - \$120

Infinite Bounds has my authorization to charge camp fees to the credit or debit card listed below.:

Card #: _____ Exp: _____

Name on card (Please Print): _____ Authorizing Signature: _____

I have read **Infinite Bounds' Rules & Policies** and I accept and agree with them. Furthermore, I hereby release **Infinite Bounds** and its agents or representatives of liability for any personal injury to any student arising out of participation in this program. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the student under such circumstances. No refunds will be given for missed days.

Signed: _____ Date: _____

For Office Use Only:

Date: _____ Reg By: _____

Amount: _____ F.O.P: _____

Notes: