

# **MASA Summer Camp Registration 2008**

1. Please complete all 3 pages of application ( Registration, Emergency Contact, Contract)
2. Please mail in a copy of latest standardized scores or a teacher recommendation letter stating the high level of motivation and work ethic of student (if we have your standardized test scores on file, you may ignore this step).
3. Enclose payment of \$245 plus \$20 material fee per week. Students who register for more than one week or families who register for more than one child are eligible for a discount of \$190 plus \$20 material fee per week.
4. Mail completed applications (3 forms), Standardized test scores or teacher recommendation letter to: **MASA Center, P.O. Box. 358, Winter Park, FL 32790.**

**Please type or print neatly**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address( City/State/Zip): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (Fall2008) \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**(Please print current e-mail address clearly. You will be notified via e-mail once registration is received. E-mail will be used in all correspondence).**

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Information we should know about your child (health concerns, Allergies etc.)

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How did you hear about MASA? \_\_\_\_\_

**Please indicate your choice of camps (refer to website for description).**

<b><u>Date</u></b>	<b><u>Name of Camp</u></b>	<b><u>check weeks interested</u></b>
June 16-20	Upside Down Design	_____
July 7-11	Artistic Doctor	_____