



summer camp 2009

Camper's Name: _____ Age: _____

Parent's Name: _____

Address: _____

Primary Contact #: _____ Alt. Phone #: _____

E-mail Address: _____

Camper's Allergies: _____

Does camper have an Epi-pen? _____

Please check the box next to the week(s) you are attending.

Date	Theme
6/8-6/11	friends
6/15-6/18	go green
6/22-6/25	for a cause
6/29-7/2	summer
7/6-7/9	jewelry
7/13-7/16	for a cause
7/20-7/23	my faves
7/27-7/30	family
8/3-8/6	for a cause
8/10-8/13	my space

$\underline{\text{Camp Fee}} \times \underline{\text{\# of weeks}} = \underline{\text{Total Due}}$
Circle one:
 $\underline{\$175} \quad \underline{\hspace{2cm}} \quad \underline{\hspace{2cm}}$
cash check charge

Credit card payments can be made online at www.itsalleyecandy.com.
 Please make checks payable to Eye Candy.
 Checks and forms can be mailed to us at:
 Eye Candy
 1045 15th Place #151
 Plano, TX 75074

Payment and completed form must be received 7 days prior to the first day of camp. Camp fee includes all supplies needed and lunch for all 4 days of camp. All camps are Monday-Thursday from 10am to 2pm. Camp fees are **non-refundable**. If a camper cannot attend, the camp fee can be used for another week if space allows.

Signature: _____ Date: _____