



# SUMMER MOUNTAIN CAMP REGISTRATION

To ensure proper staffing ratios as well as qualified teachers and camp counselors, payment and a registration form are needed for each camper to be registered in a camp. **Session prices are \$650 per students. In order to ensure accommodation at the Mountain Camp full payment of \$650 per camper must be received at time of registration. No refund will be given unless the camp is canceled.**

**Mountain Camps run from Sunday PM to Saturday AM, transportation to and from the Mountain location is not included, should you need transportation, please indicate it in the section below.**

MOUNTAIN CAMPS WILL BE HELD AT THE YMCA IN ESTES PARK.

Please submit a separate registration form for each camper.

Please send registration to: Colorado International School  
4100 E. Iliff Ave.  
Denver, CO 80222  
frontoffice@coloradointernationalschool.org  
Fax number: (303) 759-5035

Camper's name: \_\_\_\_\_

Camper's date of birth: \_\_\_\_\_ Current School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Parent/Legal Guardian's name(s): \_\_\_\_\_

Home number: \_\_\_\_\_

Work number (Mom): \_\_\_\_\_ Work number (Dad): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Level of Language Proficiency (Circle One):    Beginner                    Intermediate                    Advanced

Transportation:    Departure -Sunday PM \_\_\_\_\_                    Return - Saturday AM \_\_\_\_\_                    (@\$50/each way)

**(Mountain Camps must have a minimum of 10 students in each language and proficiency level to run)**

Session Number	Spanish	French	Mandarin	German	Farsi	Russian	Italian	Japanese	Fee
Session 3 (7+ only) (August 1 -7)									\$650
Session 4 (7+ only) (August 8-14)									\$650

TOTAL Fee:                    \$ \_\_\_\_\_

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Payment Information			For Checks	For Credit Cards		For Office Use
Payment Method Cash <b>CS</b> Check <b>CK</b> Credit Card <b>CC</b>	Amount Paid			Check #	Card Type (below):	Name (as it appears on the credit card) _____ Billing Address (including zip code) _____ _____ Card Number (below):
						Payment received on _____
						Payment received by _____