

Part A: Camper Information

Child's Last Name: _____ Child's First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Parent Email: _____ Date of Birth: ____/____/____

School: _____ Grade in Fall 2014: _____ Age: _____ Male Female

Part B: Camp Sessions

**Desired Camp Location: Culver City Sherman Oaks

Sessions	12/22	12/23	1/2	Total
December 22, 23, & January 2	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	\$
Sub Total:				\$
-\$50 for signing up for all 3 days:				\$
+25 late registration fee (within 2 weeks of camp start date):				\$
TOTAL CAMP COST:				\$

Part C: Payment Information: Pay \$50 Deposit Pay Full Amount Pay Other Amount \$ _____

Option 1: Pay Fees Online at www.kidslkemela.org

Option 2: Pay Fees using Credit Card Visa Mastercard Amex

Card Number: _____ Exp. Date: ____/____ Security Code: _____

Cardholder Name: _____ Signature: _____

Billing Address

City/State

Zip

Option 3: Pay Fees with Check or Money Order (Please make checks or money orders out to The Help Group)

Please contact Nicole Webb at 818.778.7136 or kidslkemela@thehelpgroup.org with questions or concerns.