

VERTICAL ENDEAVORS



www.verticalendeavors.com

Summer Climbing Camp

VERTICAL ENDEAVORS SUMMER CLIMBING CAMP 2010

ages 6-16

June 21-25, 9am-1pm

July 12-16, 9am-1pm

Aug 9-13, 9am-1pm

\$100 Members - \$120 Non Members

POLICIES

1. A Vertical Endeavors Liability Waiver and Rules Agreement must be filled out completely by each climber's parent or legal guardian prior to climber participation.
2. Registration is limited to 50 participants and is on a first come basis. Camps often fill fast, so sign up early.
3. Registration must be accompanied by full payment.
4. Refunds will not be given for incomplete attendance.
5. Written requests for refund two weeks prior to camp date will be honored, less a \$10 processing fee per climber.
6. Written requests for refund less than 2 weeks in advance will be honored, less a \$75 cancellation fee.
7. Terms and conditions are subject to change.
8. Vertical Endeavors reserves the right to cancel camp sessions with fewer than eight participants.

MAIL TO: Vertical Endeavors, 329 S. Lake Ave., Duluth, MN 55802
Phone: 218.279.9980 **Fax:** 218.279.9982

OFFICE USE ONLY

Amount Paid: _____ **Till #:** _____ **Date:** _____ **Employee:** _____

Session Dates: _____

Waiver Enclosed? yes no already on file

*** NOTE: Waivers expire 2 years after original sign date ***

Climber Name: _____

Sex: M/F **Birthday:** _____ **Age:** _____

How did you hear about Vertical Endeavors Climbing Camps?

Has your child climbed here before? yes no

If yes, how many times and what setting?

Parents Name(s): _____

Preferred Phone #: _____

Alternate Phone #: _____

Email Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact: _____

Emergency Phone #: _____

PAYMENT AMOUNTS

\$100 + tax (\$107.85)

\$120 + tax (\$129.42)

Amount of payment enclosed: _____

Method of Payment: Check Visa MC Discover

Card Number: _____ **Exp Date:** _____

Signature: _____