

Registration Form for Ararat Martial Arts & Fitness Summer Camp 2019

First Name: _____ Last Name _____ Age _____

Street Address: _____ City, Zip _____

Phone: () _____ Additional Phone: () _____

School _____ Email: _____

Full day ()

Half day ()

Per day ()

Credit Card Holder's Name _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Signature of camper's Parent/Guardian _____ Date _____

Ararat Martial Arts & Fitness Center's Signature _____ Date _____

Cash payable.

Mail Checks payable to : 4509 Taylor Lane, Warrensville Heights, Ohio 44128