



Ramp University Summer Camp Registration Form

Ramp University
PO Box 784
E. Orleans, MA 02643

508-247-9593
summer@rampu.com
www.rampu.com

Childs Information

First Name _____ Last Name _____

Gender Male Female

Age at time of camp _____

Date of Birth _____

Address _____

City _____

State _____

Zip _____

Phone _____

T-shirt size: Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Please inform us of any concerns you may have that you feel we should be made aware of regarding your child in this application or by contacting us directly at 508-247-9593 or summer@rampu.com

50% deposit due with registration. Balance is due 5/1/2012

Payment plans may be set up using a credit card. Please contact us to make arrangements.

How did you hear about Ramp U?



Parent/Guardian Information Form

Name of Child _____

Parent/Guardian 1 Information

First Name _____ Last Name _____
Address _____
City _____
State _____
Zip _____
Phone _____
Home Ph _____
Work Ph _____
Cell Phone _____
E-mail _____

Parent/Guardian 2 Information

First Name _____ Last Name _____
Address _____
City _____
State _____
Zip _____
Phone _____
Home Ph _____
Work Ph _____
Cell Phone _____
E-mail _____

Emergency Contact (in case parent cannot be reached)

Name _____
Phone _____
Relationship child _____



2012 Schedule and Rates

Each Session is 5 days - Monday through Friday from 9am-4pm

One Week	\$475
Both Weeks	\$450 per week

Please check preferred week(s)

<input type="checkbox"/> Week 1	7/9 – 7/13	\$NA
<input type="checkbox"/> Week 2	7/16 – 7/20	\$NA
<input type="checkbox"/> Week 3	7/23 – 7/27	\$_____
<input type="checkbox"/> Week 4	7/30 – 8/3	\$_____

Options:

<input type="checkbox"/> RAMP U T-shirt (one t-shirt are provided for free)		\$15
<input type="checkbox"/> RAMP U Hoodie-Sweatshirt		\$35
<input type="checkbox"/> Lunch for week	5 days x \$10/day	\$50
<input type="checkbox"/> Transportation	TBD	\$TBD

Total: _____

Before 5/1/12 50% deposit due _____
After 5/1/12 100% balance due _____

Training Wheels of NE, Inc dba Ramp University
PO Box 784
East Orleans, MA 02643
508-247-9593
www.rampu.com
summer@rampu.com



PAYMENT INFORMATION

You are welcome to contact our office for assistance in calculating your account balance by calling 508-247-9593 or emailing us at summer@rampu.com.

After we have received your deposit, we will send a statement for your review listing all remaining charges and payments applied to this account.

() My check is enclosed:

Please make checks payable to Training Wheels - RAMP University.

() Please bill my credit card: 50% deposit _____ 50% balance on 5/1/12 _____

***A monthly payment plan may also be set up.
Please contact our office to make arrangements.***

Visa Master Card AMEX

Card # _____

Exp. Date ____/____ Security Code _____ Cardholder's Signature _____

Please note:

**Charges for RAMP UNIVERSITY may appear on your credit card statement as
"Training Wheels of NE, Inc"**

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