

Summerfield

established 1974

WALDORF SCHOOL AND FARM

preschool through high school

655 Willowside Road Santa Rosa, CA 95401

(707) 575-7194, CIRCUS CAMP EXT. 103

CIRCUS CAMP

Summer 2018

Clowning, Juggling, Trapeze, Acrobatics,
Tightrope, Stilts, Unicycles, Silks,
Rolling Globes, Costumes, Make-up,
Mask-making and More!!!

*We will put on a performance at the end of each week.

6 - 8 Years
\$290 per week
*Early Bird Registration Discount =
\$261 before March 30th



Child's Name _____ Gender _____ DOB _____ Age _____ Grade next Fall _____ SWS Student? Yes

Parent's Name _____ Ph: Home _____ Cell _____

Parent's Address _____ Zip _____ Email _____

*Please initial here if you do not want pictures of your child used for future Summerfield publicity: _____

Three One-Week Sessions to choose from - check the week(s) requested:

June 11 - 15 June 18 - 22 June 25 - June 29

All sessions are from 8:30am - 1pm in the Circus Tent

Circus Camp Registration Fees are NON-REFUNDABLE and due by April 20, 2018

Receive a 10% Early Bird discount when you register by March 30th!

After Care: Is Available Monday thru Friday, 1pm - 3:30pm **\$20/day** Drop-ins are not accepted

1. Check all days After-Care is needed
2. Total # of days X \$20 per day
3. Enter amount on Total for After Care line
4. Enter amount on Total for Camp line
5. Enter amount for total of Camp & After Care on Grand Total Due line

*No After Care on Friday, 6/29 due to End of camp performance

Week of:	M	Tu	W	Th	F	Total \$
6/11 - 6/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6/18 - 6/22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6/25 - 6/29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	_____
Total for After Care:						_____
Total for Camp:						_____
GRAND TOTAL DUE (CAMP & AFTER CARE)						\$ _____

CC# _____ Exp. Date _____ Charge Amt _____

Office use: Ck# _____ Ck. Amt. _____ Cash _____ Rec. by _____ Date _____

Send form & Emergency Form with full payment to: SWS CIRCUS CAMP, 655 Willowside Rd, Santa Rosa, CA 95401