Super Summer Contact Form

The contact person should be someone that we can contact regularly before and during the week of Super Summer. This person and the driver should NOT be the same. All fields are required, the email should be an address regularly checked, as this is the main mode of correspondence.

Church _____ Phone: _____

Address _____

City _____State _____Zip _____

Contact Person's Name _____

Email Address _____

Contact Phone (_____)_____Other number (_____)_____

Summary of Registration Forms and Fees

Please return this form with your completed Super Summer Forms and check made payable to SCBO to Super Summer, 9000 Antares Ave. Columbus, OH 43240

Super Summer Registrants	**Completed Forms:**
Students	#_____
Family Leaders (Ratio: 1-7 students = 1 FL 8-14 students = 2 FL's, 15-21 = 3 FL's, etc.)	# _____

FEES:

Total Early Bird Registered on or before April 7	#_____ X $230 = $_____
Total Registered between April 8 and May 19	#_____ X $275 = $_____

MINUS DEPOSITS:

Total Early Bird Deposits	#_____ X $100 = $_____
Total Regular Deposits	#_____ X $145 = $_____

BALANCE DUE $
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By signing below I acknowledge my family leaders and students have read the rules and regulations and will be accountable to abide by them. All forms have been checked for completeness and I verify they are complete and correct.

_____ _____/_____/_____
Signature of Contact Person Date

If I am unavailable to be reached during the week of Super Summer, _____
Name
Phone (_____)_____ has agreed to serve in this capacity.