



Registration Form

Child's First Name: _____ Last Name: __ Child's Birthdate: _____
 _____ Age: _____ Gender: _____
 Parent's Name (s): _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Work Phone: _____ Alt. Phone: _____
 Email Address: _____

Additional Children's Names:	Birthdate	Age / Gender
_____	_____	_____
_____	_____	_____

Program Name	Cost	Discount	Participant's Name
Warrior Phoenix Challenge CO (5/22-5/25)	\$ 995	_____	_____
Warrior/Warrior Goddess Camp TX (6/5-6/8)	\$ 750	_____	_____
Warrior/Warrior Goddess Camp CO (7/18-7/21)	\$ 750	_____	_____

Total Amount Paid:

Total Amount Owed:

Balance Due:

Paid by: ___ Cash ___ Check ___ Visa ___ Master Card ___ Discover ___ AmExp
 Credit Card Number: _____ Exp. Date: _____ 3 digit code: _____
 Full Name on Credit Card: _____

May we have permission to use photos and footage taken at camp for marketing purposes? Y / N
 Where did you hear about us? _____
 Referred by: _____

**Payment is due in full upon registration unless special arrangements have been made.
 Please make checks payable to Fire Mountain.
 Registration can be mailed or faxed to our office.**

THANK YOU!