JULIAN KRINSKY TENNIS AND GOLF PROGRAMS AT THE WESTTOWN SCHOOL

2007 APPLICATION

To speed the application process, apply online at www.jkcp.com

Student Information			
NAME			SEX
ADDRESS			
CITY/STATE/ZIP			
HOME PHONE	HOME FAX		E-MAIL ADDRESS
DATE OF BIRTH (MM/DD/YY)			AGE AT PROGRAM
NAME OF SCHOOL			GRADE AS OF SEPT. 2007
CLUB WHERE YOU PLAY OR BELON	IG		GOLF HANDICAP (IF APPLICABLE)
Family Information			
PARENT 1 NAME		PARENT 2 NAME	
PARENT 1 WORK PHONE		PARENT 2 WORK PHO	NE
PARENT 1 CELL		PARENT 2 CELL	
PARENT 1 E-MAIL*		PARENT 2 E-MAIL*	
*Please provide at least one parent e-mail. \	Your child's confirmation will be sent to that addres	55.	
In case of emergency, if p	parent cannot be reached, ple	ease contact:	
NAME		RELATIONSHIP	
PHONE: HOME ()	WORK ()		CELL ()
How did you hear about	Julian Krinsky Camps & Prog	rams?	
PREVIOUSLY ATTENDED JKCP	WHICH CAMP OR PROGRAM?		NUMBER OF YEARS
☐ FROM ANOTHER STUDENT	NAME		
☐ ADVERTISEMENT/ARTICLE	PUBLICATION		
□ POSTCARD MAILING	POSTCARD CODE		
☐ CAMP FAIR	NAME		
☐ CAMP REFERRAL AGENCY	NAME		
☐ TEACHER/COACH/PRO	NAME		
☐ INTERNET SEARCH	WEBSITE		
□ OTHER			
Tuition	Tennis	Golf	
Full Day		60/week	

• Price includes tuition, greens fees (if applicable), lunch and amenities package.

Please complete both sides of application and send with check(s) payable to:

Julian Krinsky Camps & Programs • 610 S. Henderson Rd., King of Prussia, PA 19406 Please indicate on check your child's name and program.

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Payment of Fees: A **\$250 deposit plus a \$50 nonrefundable application fee** must accompany this application. Your application will not be considered complete until your deposit has been received.

Full payment is due April 1, 2007, or enrollment may be subject to cancellation. For applications submitted after April 1, 2007, full payment is due upon receipt of invoice. Reservations are made in order of receipt. We will notify you if your preferred weeks are not available.

Refund/Cancellation Policy: Notification of withdrawal must be made in writing to the program. Refunds will be made as follows:

Withdrawal date:	By May 1	May 2nd and later
Amount of refund:	All but \$300	No refund without cancellation insurance*

^{*} Julian Krinsky Camps and Programs (JKCP) offers cancellation insurance that provides coverage for a cancelled or interrupted session, illness, injury or death of a family member. The price of this insurance is 5% of the tuition payment. If you purchase cancellation insurance, you will receive a refund of all but \$300 of the total payment. However, there will be no refund after May 1 if cancellation insurance is not paid in full by that date.

Even if cancellation insurance is paid for, there will be no refund for a student who is asked to leave the program for the use or possession of tobacco, drugs, alcohol or weapons, non-notification of a serious medical condition, or whose conduct is detrimental to the program. These decisions are at the sole discretion of JKCP. No refund will be made for late arrival, early departure or withdrawal due to a family vacation. Please review our cancellation insurance form for complete details on insurance coverage and exclusions.

Tennis and Golf Programs

Please check program and weeks desired:

		Golf	Tennis
1.	June 11 – June 15		
2.	June 18 – June 22		
3.	June 25 – June 29		
4.	July 2 – July 6		
5.	July 9 – July 13		
6.	July 16 – July 20		
7.	July 23 – July 27		
8.	July 30 – Aug. 3		
9.	Aug. 6 – Aug. 10		
10.	Aug. 13 – Aug. 17		

FOR COMPLETION BY PARENT/GUARDIAN

I give my permission for my child to participate in the 2007 Julian Krinsky Tennis and Golf Programs at the Westtown School. I agree that my child will abide by the program rules and realize any breach of these rules may result in his/her immediate dismissal without refund of any fees.

I authorize Julian Krinsky Camps & Programs (JKCP), or its authorized representatives, to take whatever actions it may consider warranted under the circumstances regarding my child's health and safety, and I fully release JKCP and its authorized representatives from any liability for such circumstances or actions as may be taken in connection therewith.

I authorize JKCP, or its authorized representatives, at its discretion, to place my child, at my expense and without further consent, in a hospital for medical services and treatment, or if no hospital is readily available, to place my child in the hands of a licensed doctor for treatment. JKCP may elect to access my family health/accident policy.

JKCP has my consent to take my child on off-campus trips.

JKCP retains the right to use photographs of my child for media or advertising purposes.

\Box Please check here to have an arrival packet emailed to you at				
- I lease check here to have an arrival packet emaned to you at	•			
I have carefully read the above information and agree to the conditions stated herein.				
PARENT/GUARDIAN SIGNATURE	DATE			

This information is believed to be accurate and correct; however, it is subject to change without notice. © 2007 Julian Krinsky Camps & Programs. Contents and descriptions are copyright Julian Krinsky Camps & Programs. All rights reserved.