

Creative Space Hawaii Payment Form

For Office Use only
CCard _____ Check _____
Date Rec'vd _____
Input _____
Processed _____ Mailed _____
Balance Due (Amt/Date) _____

Camper Name _____
Parent Name _____
Session Dates: August 8th-August 21, 2010

Discount:

Siblings: Save \$150 on siblings (not off the first family member registered).

Tuition	_____ 3195
Applicable Discount	_____
Spending Money (\$100 max)	_____
Baggage Fee (Bags NOT to exceed 50 lbs)	_____ 100
Total	_____
Less Deposit (\$500 per child)	_____
Balance Due	_____

Payment Options

Total Payment now

Deposit now (\$500 per child) and remaining balance on 5/31/10 when full payment is due.

Payment Type

_____ Check. Please make checks out to Creative Space.

_____ Credit Card. I authorize Creative Space to charge my credit card for the amounts listed above:

Credit Card # _____ (Visa or MasterCard only)

Exp. _____ Billing Zip Code _____

Name on Card _____

Signature _____

Please submit along with Registration form to:

Creative Space
11916 W. Pico Blvd.
Los Angeles, CA 90064
www.creativespaceusa.com
email: creativespaceusa@gmail.com
Ph (310) 231-7600, Fax (310) 231-7602