MICHAEL JORDAN FLIGHT SCHOOL YOUTH APPLICATION 2011

MICHAEL JORDAN FLIGHT SCHOOL OPERATES ON A FIRST-COME, FIRST-SERVER BASIS.
LIMIT OF 700 CAMPERS PER SESSION.
RETURNING CAMPERS ARE NOT GUARANTEED ENROLLMENT.

This entire application must be filled out. Full Tuition must accompany this application for each session you plan to attend. Send check or money order (no cash) payable to: **Michael Jordan Flight School, 11901 Santa Monica Blvd., Suite 598, Los Angeles, California 90025.** Tuition includes room and board.

Name _____ Phone (_____)_____

Address _____ City _____ State _____

Email Address _____ Zip Code _____

Grade (next year) _____ Birthday _____/_____/_____ Age _____ Sex _____

Preferred Roommate's Name _____

Please send me additional application brochures Yes _____ No _____

Enrollment Preferences:

Session I: July 29 – August 2, 2011 (Boys) **Session II:** August 3 – 7, 2011 (Girls and Boys)

Please fill in your choice below (see legend below):

_____ First Choice _____ Second Choice (See legend below for options)

Legend: ON1: Overnight Session I ON2: Overnight Session II DC1: Day Camper Session 1 DC2: Day Camper Session II

Tuition: The tuition per session for individual Overnight Campers is $750.00 (Payment Rebate via Cash/Check/Money Order) $765.00 (Payment via Credit Card). Day tuition is $610.00 (Payment Rebate via Cash/Check/Money Order) $625.00 (Payment via Credit Card). Early Sign Up Discount – Please subtract 5% of the above cost should you apply by February 1, 2011. (Full payment must accompany application) If you register for both overnight sessions please add $45.00.

Transaction ID (10 digit #): _____ (online Credit Card Payment)

Date Paid _____

Medical Information Required:

Emergency name and phone number to be used in the event of an injury that requires emergency treatment.

Name of Parent or Guardian _____ Phone (_____)_____

Family Physician _____ Phone (_____)_____

Medical/ Accident Insurance Co. _____Policy No. _____

Address of Insurance Co. _____ Policy in name of _____

Place of Employment _____Allergies _____ Last Tetanus Shot Date: _____

I hereby certify that my son or daughter is in good health and may participate in all camp activities. I will not hold the university or camp responsible in the event of an accident or injury as a result of his or her participation. I also give permission for my child to be given emergency treatment at a local hospital. I also acknowledge and accept the terms of the Michael Jordan Flight School Cancellation Policy as stated in both MJFS Brochure and the MJFS Website. All camp associated photo's can and may be used for Future Camp Promotions for MJFS.

Parent/ Guardian Signature _____ Date _____