|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| **TUITION PRICING – CHECK ALL THAT APPLY** | | | | | | | | |
|  | | | | | | | | |
|  | **STANDARD Registration** | | | | **EARLY BIRD Registration** | | | |
|  | Must be paid in full by 9/10/2015 | | | | Must be paid in full by 9/1/2015 | | | |
|  | | | | | | | | |
|  | FULL TUITION | | DOWN PAYMENT | | EARLY BIRD TUITION | | | |
| SINGLE ADULT | $445 | | $250 | | $395 | | | |
| 2ND ADULT, same family | $395 | | $200 | | $345 | | | |
| CHILD 9–13 with paid adult | $395 | # \_\_\_\_\_ | $200 | # \_\_\_\_\_ | $345 | | | # \_\_\_\_\_ |
| CHILD 0–8 with paid adult | $0 | # \_\_\_\_\_ | $0 | # \_\_\_\_\_ | $0 | | | # \_\_\_\_\_ |
|  | | | | | | | | |
| **INFORMATION for SINGLE Registration or FIRST ADULT in a family** | | | | | | | | |
| **Name of person submitting payment** | | | **Best phone #** | | **Email address** | | | |
|  | | |  | |  | | | |
| **Street Address** | | | **City** | | **State** | **ZIP** | | |
|  | | |  | |  |  | | |
| **TUITION Enclosed** | $445 Full pmt. | | $250 Down pmt. | | $395 Early bird by 9/1/2015 | | | |
|  | | | | | | | | |
| **INFORMATION for SECOND ADULT Registration in a family** | | | | | | | | |
| **Name & relationship to first registrant** | | | **Best phone #** | | **Email address** | | | |
|  |  | |  | |  | | | |
| **Street Address** |  | | **City** | | **State** | | **ZIP** | |
|  |  | |  | |  | | | |
| **TUITION Enclosed** | $395 Full pmt. | | $200 Down pmt. | | $345 Early bird by 9/1/2015 | | | |
|  | | | | | | | | |
| **INFORMATION for CHILDREN Ages 9–13** **years old** (requires paid adult tuition) | | | | | | | | |
| List names to right 🡺 |  | |  | |  | | | |
| List names to right 🡺 |  | |  | |  | | | |
| **TUITION Enclosed** | $395 x # \_\_\_\_\_ | | $200 x # \_\_\_\_\_ D.Pmt | | $345 Early bird by 9/1/2015 | | | |
|  | | | | | | | | |
| **INFORMATION for CHILDREN Ages 0–8** **years old** (requires paid adult tuition) | | | | | Total number attending: \_\_\_\_\_\_\_ | | | |
| List names to right 🡺 |  | |  | |  | | | |
| List names to right 🡺 |  | |  | |  | | | |
|  | | | | | | | | |
| **Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ enclosed for** (amount): | | | **$** | | Please keep a copy for your records. | | | |
| Make checks payable to: SSR / Cynthia J Koelker, MD | | | | | Payment confirms your registration. | | | |
| Mail form with payment to: **SSR Weekend** c/o Cynthia J. Koelker, MD, 213 Massillon Road, Akron, OH 44312 | | | | | | | | |