



Kid's Nite Out

RECREATION & RESORT MANAGEMENT, INC.

Friday, February 17, 2012
5:30pm - 10:30pm

Cost with Pre-registration:
6 weeks-3 years: \$12 per child/hour
4+ Years: \$10 per child/hour

Child Information:

Child's Name (Last, First): _____ **Age:** _____ Sex: M F

Allergies/ Medical Concerns? Please list if any: _____

Child's Name (Last, First): _____ **Age:** _____ Sex: M F

Allergies/ Medical Concerns? Please list if any: _____

Child's Name (Last, First): _____ **Age:** _____ Sex: M F

Allergies/ Medical Concerns? Please list if any: _____

Child's Name (Last, First): _____ **Age:** _____ Sex: M F

Allergies/ Medical Concerns? Please list if any: _____

Billing Information:

Name on Card: _____

Card #: _____ Exp: _____

Billing Address: _____

**Registration deadline is Monday, February 13, 2012 at 5:00pm.
Cancellations must be received by Thursday, February 16 to avoid being charged for the full amount.**

Please return this form and waiver by either:

Fax: 407-828-0918

Email: amonaghan@kidsniteout.com

Mail:
1375 Buena Vista Dr., Box 250 S
Lake Buena Vista, FL 32830

For more information please contact
Ashley Monaghan
@ 407-828-0901 or
800-696-8105 ext. 1