



Enrollment Form

Each client must complete a separate enrollment form, return original, and retain a copy of this form for your records.

***Please print in block letters*

First Name: _____

Last Name: _____

Name to be used on name tag: _____

Male _____ Female _____

Student _____ Adult _____ Faculty _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Email: _____

Phone: (Cell or Home) _____ (Work) _____

Yosemite High School

Los Angeles

April 16th-18th, 2011

Quad Price \$365.00

Adult Double Price \$385.00

***Please check room type

DEPOSIT AND PAYMENT PLAN

Deposits: **All \$50.00 deposits for 2011 Discoveries are due by 09/20/10 for the 6 payment plan** The deposit must be paid by check or money order. Payment Plan Options: Several payment options are available for remaining balances. You will be billed directly by invoice from the LEAD USA's, accounting firm and failure to pay the remaining balance as outlined on the billing statements may result in the cancellation of your Discovery. Clients may choose one of the following equal payment options: 10/20/10, 11/20/10, 12/20/10, 1/20/10, balance due 2/20/10

Pay in Full _____ 5 Payments _____

Parent/Gaurdian Signature: _____

Date: _____

KNOWING AND VOLUNTARY EXECUTION

I have carefully read and fully understand the contents and legal ramifications of this agreement as well as the conditions as stated under the headings "Terms and Conditions" and "Liability and Risk", especially noting those regarding cancellation and refund policies, limitation of liability, and assumption of risk listed in the "Discovery Enrollment Booklet" that this registration form was attached to. I understand this is a legally binding and enforceable contract and sign it of my own free will. If participant is under 21 years of age, parent or legal guardian must fill out and sign registration form.

Mailing address: 16870 West Bernardo Dr. Suite 400

San Diego, CA 92127

P: 888-532-2242 ext 207

Direct: 619-328-8698

F: 866-955-5576