

**Application for Leaders In Training**

Name .....

Gender \_\_\_\_\_ Social Security #: .....

Date ..... Age ..... Birthday .....

Parent's Names .....

Mailing Address .....

Summer Address .....

Email Address .....

Phone Number ..... Cell Number .....

Island Phone h: ..... w: .....

▶ **Tuition for LIT:**

<b>Age</b>	<b>Cost/week</b>
13	\$160
14	\$100

- ▶ Full tuition must be paid on the first day of camp.
- ▶ Checks should be made payable to Sense of Wonder Creations.

*Monday-Friday 9:00 AM to 1:00 PM*

*By the week, please check:*

- June 29– July 3     July 6–10     July 13–17     July 20–24  
 July 27– 31     Aug 3–7     Aug 10–14