



MICHAEL JORDAN FLIGHT SCHOOL YOUTH APPLICATION 2008

**MICHAEL JORDAN FLIGHT SCHOOL OPERATES ON A FIRST-COME, FIRST-SERVED 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 _____ Zip _____

Grade (next year) _____ Birthdate ____/____/____ Age _____ Sex _____ Height _____ Weight _____

Email Address _____

Preferred Roommate's Name _____

Please send me additional application brochures Yes _____ No _____

Enrollment Preference:

Session I: July 25 - 29, 2008 (Boys) Session II: July 30 - August 3, 2008 (Girls and Boys)

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

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

SOLD OUT!

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

Overnight Tuition: The tuition per session for individual Overnight Campers is \$730.00. Day tuition is \$610.00. (Full payment must accompany application).

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's Cancellation Policy as stated in both the MJFS Brochure and the MJFS Website.

Parent/Guardian Signature _____ Date _____