

LantasticExtreme

Summer Computer Camp 2010 Application

When they ask you what you did this summer, how much fun would it be to say,

“I made my own video game!”

- Experience the world of video game design
- Expand your mind while having fun

Session Schedule

LantasticExtreme Computer Camp is designed for kids who have an interest in computers, computer programming, computer games or just having fun. Kids will quickly learn basic computer language. Then the fun starts as we jump into simple website design. Once they possess a firm foundation, they will begin video game design. Your child will layer in sounds, graphics and game play. We will spur their imagination by showing them the fruits of their labors as they achieve more and more. At the end of our two week session, your child will create their own video game.

Campers of similar skill levels will be grouped together and receive instruction from our staff. A novice will be amazed at what he can do and the camper with more experience will stay challenged.

The LantasticExtreme facility is equipped with 16 gaming computers on a local area network allowing kids to play together. We are a gaming center so it's always fun at LantasticExtreme.

Each two week session is **\$450**. A **\$200 non-refundable deposit** is required to reserve a seat. Camp capacity is limited to 16

Session 1: June 16 — June 25 ← **Special Price \$385**

Session 2: June 28 — July 9

Session 3: July 12— July 23

Session 4: August 9 — August 20

Camp hours: 9AM to 4PM Monday through Friday

Before camp hours from 7AM— 9AM are available for \$5/hour
After camp hours from 4PM—6PM are available for \$5/hour



LantasticExtreme
Summer Computer Camp 2010

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Check the session(s) you are registering for:

_____ Session 1
June 16 — June 25

_____ Session 2
June 28 — July 9

_____ Session 3
July 12— July 23

_____ Session 4
August 9 — August 20

Childs Name: _____

Address: _____

Phone (home): _____

Any medical problems or allergies: _____

Parent(s)/Guardian Info:

Mother's Name:

Fathers Name:

Address (if different than above)

Address (if different than above)

Phone

Phone

Cell Phone

Cell Phone

Email

Email

In case of an emergency and we cannot reach either parent, please list another contact:

Name

Phone

Relationship to child

Name and phone number of Pediatrician: _____

Do not write in this box (for office use only)

Deposit: \$ _____ (non-refundable)

Date Received: _____

Balance: \$ _____

Date Received: _____