



Bright Lights

SUMMER LEARNING ADVENTURES

Gift Certificate Order Form

Name of Recipient: _____

(Optional—Name will be included on the certificate if provided.)

Name of Giver: _____

Phone Number: _____

Email Address: _____

Mail certificate to: Recipient Giver

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Certificate Amount Requested: \$ _____

(Any amount beginning at \$5. Cost for half-day camp is \$145; Cost for full-day camp is \$290.)

Please enclose a check and mail to:

Bright Lights
5561 S. 48th St, Suite 220
Lincoln, NE 68516