

World Class Gymnastics Academy

Camp Registration Form

Name: _____ Sex: ____ Age: _____ Birth Date: ____/____/____

Parent Name: _____

Address: _____ City & State: _____ ZIP: _____

Phone #(H) _____ (W) _____

Emergency #: _____ Cell # _____ Email _____

Please circle option

Summer Camp Registration

Girls Summer Camp:

Circle weeks desired: 6/28 7/5 7/12 7/19 7/26 8/2 8/9 8/16 8/23 8/30

Option A: Mon, Wed, Fri 9am -12 noon

Cost: \$144.00 1st week*; *Cost:* \$124.00 each add'l week

Option B: Mon, Wed, Fri 9am -3 noon** aftercare available upon request

Cost: \$215.00 1st week*; *Cost:* \$195.00 each add'l week

Option C: Mon - Fri 9am -5pm

Cost: \$374.00 1st week*; *Cost:* \$354.00 each add'l week

Boys Summer Camp:

Circle weeks desired: 6/29 7/6 7/13 7/20 7/27 8/3 8/10 8/17 8/24 8/31

Option C: Tues & Thurs 9am -12 noon

Cost: \$115.00 1st week*; *Cost:* \$85.00 each add'l week

*Higher 1st week rate includes insurance good thru June 2011.

Total Fee:\$_____. A Minimum of ½ due upon registration, remainder due your first week of camp.

Refund with medical excuse only...otherwise a half credit can be given towards future classes.