Connections Gymnastics Summer Camp Registration Form

1100 ROUTE 130
ROBBINSVILLE (609) 259-8822

PLEASE PRINT

LAST NAME: _____ FIRST: _____ SEX: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____
Street City State Zip

PARENT/GUARDIAN: _____ Cell: _____
2nd Parent: _____ Cell: _____
Email: _____ ICE: _____

CHOOSE YOUR CAMP SCHEDULE

Check off your weeks and send a check in the full amount made out to Connections Gymnastics School. Camp must be paid 2 weeks prior to attending or your spot will not be held. No exceptions.

Full Week Camp $350.00 Sibling Discount $315.00 A $20 Registration fee is due if not currently. enrolled.

WEEK

#1	July 6 - July 10	_____	full
#2	July 13 - July 17	_____	full
#3	July 20 - July 24	_____	full
#4	July 27 - July 31	_____	full

WEEK

#5	August 3 - August 7	_____	full
#6	August 10 - August 14	_____	full
#7	August 17 - August 21	_____	full

Early Drop-Off $10/day 8:00am – 9:00am_____
Additional siblings $5.00/hr. each child

Late Pick-Up $10/hr 3:00pm – 5:00pm_____
Additional siblings $5.00/hr. each child

FOR OFFICE USE ONLY

Week #	Payment Description	Amount Due	Amount Paid	How Paid	Receipt #	Balance
	Reg. Fee	20				