

HELLE STACK'S "BASIC TRAINING" BOOT CAMPS

Registration Form

Camp Location: _____

Date: _____

Athlete Information –

First Name: _____ Last Name: _____

Date of Birth: _____ USAG #: _____ Current Level: _____

Please check one:

- JO Athlete – Current Level: _____
- TOPs Athlete
- HOPES Athlete
- Elite Athlete



Leotard Size (circle one): CXS CS CM CL CXL AXS AS AM AL

Parent Information –

First Name: _____ Last Name: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email: _____

Medical Insurance Company: _____

Policy #: _____

Club/Coach Information –

Club Name: _____ Coach's Name: _____

Coach's Cell #: _____ Coach's Email: _____

Payment/s –

- \$600 per athlete (\$250.00 non-refundable deposit required at registration)
- 1 complementary coach with 2 athletes
- \$150 each additional coach
- \$35.00 fee will be added if received after deadline date
- Withdrawal from camp within 2 weeks of event date, will result in NO REFUND of the total amount of payment

Mail Registration Form & payments to:

Chelle Stack
11203 Preston Cove Rd.
Clermont, FL 34711

PARENT SIGNATURE: _____

DATE: _____

For more information or to schedule a camp call 407-592-6382 or email chellemarcella@gmail.com. You can also visit www.chellestackgymnastics.com.