

DIAMOND GYMNASTICS CHEERLEADING CAMP REGISTRATION FORM

Child's name: _____ Birth Date: _____

Girl _____ Boy _____ Home Phone: _____

Address: _____
(Street)

(City) (State) (Zip code)

Mother's Name _____ Father's Name _____

Cheerleading Experience (Y/N) _____
(If YES, please describe program and duration)

Tumbling Experience (Y/N) _____

I understand camp tuition is refundable only if I am closed out due to lack of space. Otherwise, it is non-refundable and non transferable. _____

(PARENT/GUARDIAN SIGNATURE REQUIRED)

PLEASE INDICATE WEEKS REQUESTED

**FEES ARE: FULL DAY-\$185.00 PER WEEK 9:00AM-5:00PM MONDAY-FRIDAY
HALF DAY-\$110.00 PER WEEK 9:00 AM-1:00PM MONDAY-FRIDAY
(\$10 registration/insurance fee for children not currently enrolled)**

Please check the appropriate week and circle H for half day or F for full day program.

_____ July 19-23 H F

_____ August 16-20 H F

TOTAL NUMBER OF WEEKS REQUESTED: _____

Special notes: _____

*Diamond Gymnastics reserves the right to change or cancel any program due to lack of enrollment

