

DIAMOND GYMNASTICS PRE-SCHOOL SUMMER CAMP REGISTRATION FORM

Child's name: _____ Birth Date: _____

Girl _____ Boy _____ Home Phone: _____

Address: _____
(Street)

(City) (State) (Zip code)

Mother's Name _____ Father's Name _____

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

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)

IF REGISTERING FOR 1 OR 2 WEEKS, FEES ARE \$70.00 PER WEEK (3DAYS)/\$110 PER WEEK (5DAYS)
IF REGISTERING FOR 3 OR 4 WEEKS, FEES ARE \$55.00 PER WEEK(3DAYS)/\$90.00 PER WEEK(5DAYS)

PLEASE INDICATE WEEKS REQUESTED

_____ July 5-9	_____ July 26-30	_____ August 9-13	_____ August 23-27
_____ 3days	_____ 3days	_____ 3days	_____ 3days
_____ 5days	_____ 5days	_____ 5days	_____ 5days

TOTAL NUMBER OF WEEKS REQUESTED: _____

Special notes: _____

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