

**DIAMOND GYMNASTICS SUMMER CAMP
REGISTRATION FORM
JUNE 28- SEPTEMBER 3, 2010**

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)

Number of weeks registered	Half-day fees	Full-day fees
1-3	\$110.00/week	\$185.00
4-6	\$100.00/week	\$170.00
7-10	\$90.00/week	\$150.00

PLEASE INDICATE WEEKS REQUESTED

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

_____ June 28-July 2	H F	_____ August 2-6	H F
- _____ July 5-9	H F	_____ August 9-13	H F
_____ July 12-16	H F	_____ August 16-20	H F
_____ July 19-23	H F	_____ August 23-27	H F
_____ July 26-30	H F	_____ August 30-Sept 3	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

