



CHAMPION

TAEKWONDO CENTRE | TEL: 905 294-7332 | FAX: 905 294-5848 | EMAIL: CHAMPIONMARKHAM@GMAIL.COM

Summer Break Camp Form

NAME: 1. _____
2. _____

Allergies: _____

Parent's Name: _____ Phone #: _____

Email: _____

In case of emergency and parent cannot be reached, contact:

NAME: _____ PHONE #: _____

Registration week:

1st week (July 13 to July 17, 2026): [] 2nd week (July 20 to July 24, 2026): []

3rd week (August 31 to September 4, 2026): []

Registration Fees:

Half day: \$40.00 [] Morning [] Afternoon Date: _____

Full day: \$75.00 [] Monday [] Tuesday [] Wednesday

Date(s): _____ [] Thursday [] Friday

1 Week: \$330.00 []

Total: \$ _____

Payment by: [] CASH

[] Visa [] MC

_____ exp. _____ cvc# _____

Cancellation policy:

Fully refundable 7 days prior

\$50 cancellation fee applies if less than 7 days notice.

Parent signature: _____ Date: _____

Please drop off form at Reception or email to (championmarkham@gmail.com)