Summer Break Camp Form



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

NAME: 1			
2			
Allergies:			
Parent's Name:			
Email:			
n case of emergency an	d parent cannot be r	eached, contact:	
NAME:	PHONE #:		
Registration week:			
1 st week (July 7 to July	11, 2025): []	2 nd week (July 14	to July 18, 2025): []
B rd week (July 21 to Jul		` •	, , ,
5 th week (Aug 18 to Au	, , , ,	•	
Registration Fees: Half day: \$40	[] Morning	[] Afternoon	Date:
Full day: \$75 Date(s):	[] Monday [] Thursday	[] Tuesday [] Friday	[] Wednesday
Week: \$330.00 [] * <i>F</i>	For multiple weeks,	call for pricing.*	
Payment by:[] CASH [] Visa #	[] MC		gmail.com" cvc#
Cancellation policy:		ys prior applies if less than 7 day	vs notice.
Parent signature:	Date:		
Please drop off form at I			