

CAMP PACKET CHECKLIST

- SUMMER CAMP REGISTRATION
- WAIVER OF LIABILITY
- COMPLETED EMERGENCY CONTACT INFORMATION
- PROOF OF IMMUNIZATION
- REGISTRATION FEE PAID \$55 PER CHILD
- 10% OF EACH WEEK TUITION TO RESERVE CAMP SPOT (NON-REFUNDABLE)

CHILDREN ATTENDING CAMP

- | | |
|----------|-------------|
| 1. _____ | PAID YES/NO |
| 2. _____ | PAID YES/NO |
| 3. _____ | PAID YES/NO |
| 4. _____ | PAID YES/NO |

Staff Signature _____ Date Received _____

Flagstaff Gymnastics Summer Camp 2018

Name _____ Age _____

Registration Fee \$55 Paid _____

	Week	Mon	Tues	Wed	Thurs	Fri	Notes	Paid
1	June 4-8 Lowell Observatory	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
2	June 11-15 Bearizona	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
3	June 18-22 Cabin Fever	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
4	June 25-29 Pioneer Museum	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
5	July 2-6 Parade/ Field Day	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
6	July 9-13 Flagstaff Climbing	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
7	July 16-20 El Pueblo Ruins	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
8	July 23-27 Arboretum	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
9	July 30- Aug 3 Cabin Fever	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		
10	August 6-8 Ceramics	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full	Am Pm Full		

Please reserve the above dates for my child. I understand there is a 10% per week non-refundable deposit required at the time of reservation. The balance to be paid the first day of each week.

Full Day Hours 7am to 4pm \$180 per week or \$45 per day. Extended Day 4pm- 5:30pm \$10 extra per week or \$5 per day. Half Day Hours 7am to 12pm or 12pm to 4pm \$120 per week or \$35 per day.

As the parent/guardian of the child(ren) in care, I agree to accept responsibility for the full payment of summer camp as listed above. I further understand that no refunds will be given for any reason.

If my account is referred for collection, I agree to Pay attorney's fees, collection fees and all costs incurred. Any balance due and owing after 30 days shall accrue interest at the rate of 18% per annum.

Parent/Guardian Signature _____ Date _____