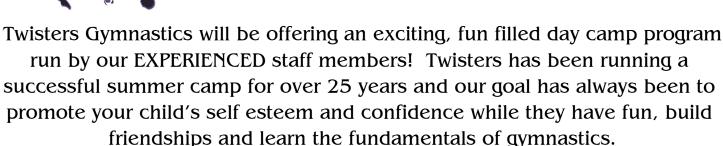


# 2021 Twisters Gymnastics Summer Camp

## June 28th-Sept 3rd



\* Camp will run for a total of 10 weeks\*

\* **Full day-** 9:00-4:00\*

\* Before Care begins 8:00

\*After Care until 6:00

### The more you come the more you save!!



1-4 Weeks- \$330 per week 5-7 weeks- \$300 per week 8-10 weeks- \$260 per week



\* Before care is available for \$25 PER WEEK PER CHILD\*

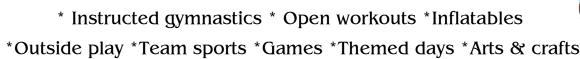
\*After care is available for \$25 PER WEEK PER CHILD (5:00PM pickup) or \$50 PER WEEK PER CHILD (6:00PM pickup)\*

\*\$20 registration fee for non -members\*

 $Most\ weeks\ will\ have\ special\ visitors\ at\ an\ additional\ charge\ (\$5-25\ per\ child).\ \ Full\ info\ available\ in\ the\ info\ packet.$ 

Please keep in mind there are NO REFUNDS OR MAKE-UPS allowed for camp!

### **ACTIVITIES INCLUDE:**



#### MINIMUM AGE FOR CAMP IS 5 YEARS OLD

385-A Franklin Ave, Rockaway, NJ 07866

Phone: 973-627-3276 Fax: 973-627-3255

www.twistersNJgymnastics.com twistersNJgymnastics@gmail.com

Twisters Gymnastics 2021								On roster 🗌	Mailing list	
<b>Summer Camp Application</b>						C	シニ	Trips	Packet	
Camper Name: Ag							DOB:		F/M	
Camper Name:							DOB:	F/M		
Camper Name:							DOB:	F/M		
Address:					City:			St:	Zip:	
Home Phone: Work						<b>'</b> hc	one:			
Father's Name/Cell #:										
Mother's Name/Cell #:										
Email:										
Emergency Contact (other than parent):							Phone:			
Credit Card #(REQUIRED):							Exp. Date: CVV:			
**Credit cards will only be charged for unpaid balances after your camp starts and unpaid before/after care payments** A \$100 non-refundable deposit per child is due at the time of reservation. The remaining balance and all paperwork is due in full ON/BEFORE your child's first day of camp.										
							Office Use Only:			
Please circle:							Total Weeks: Total Due:			
	M	T	W	TH	<u>F</u>	-	Deposit A	Amount:		
Week 1	6/28	6/29	6/30	7/1	7/2	-	Date:	MOP/Rec	: # <b>:</b>	
Week 2	7/5	7/6	7/7	7/8	7/9	4	Payment Amount:			
Week 3	7/12	7/13	7/14	7/15	7/16		Date:	MOP/Rec #:		
Week 4	7/19	7/20	7/21	7/22	7/23		Payment	Amount:		
Week 5	7/26	7/27	7/28	7/29	7/30		Date:	MOP/Rec	: # <b>:</b>	
Week 6	8/2	8/3	8/4	8/5	8/6		Payment	nt Amount:		
Week 7	8/9	8/10	8/11	8/12	8/13		Date:	MOP/Rec	: # <b>:</b>	
Week 8	8/16	8/17	8/18	8/19	8/20					
Week 9	8/23	8/24	8/25	8/26	8/27					
Week 10	8/30	8/31	9/1	9/2	9/3		Extra's To	otal:		
							Date:	MOP/Rec	: # <b>:</b>	
I understand that there are NO REFUNDS/MAKE-UPS/SWITCHING DAYS after the deposit is made.										
I/We the parent(s)( or legal guardian if under the age of 18) of										
						-			mplovees	
participant and agree to hold harmless and indemnify Twisters Gymnastics, its instructors, employees officers, directors, and agents from any and all claims. Any special medical conditions which might										

effect our child's participation in gymnastics have been indicated.

\*Agreed to by (parent/guardian)\_\_\_\_\_\_ Date:\_\_\_\_\_