

Zodiacs Athletics

Gymnastics Summer Camp Reg Form

(Please fill out info below and please circle the week or weeks he/she will be attending).

Parents Name: \_\_\_\_\_

Students Name: \_\_\_\_\_

Students Age: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Week(s)**

July 22<sup>nd</sup> - July 26

July 29<sup>th</sup> - Aug 2<sup>nd</sup>

Aug 5<sup>th</sup> - Aug 9<sup>th</sup>

Payment \$180.00

(Circle one)

Cash

Check

Credit (+5%)