

ORTONA GYMNASTICS CLUB

SUMMER CAMPS 2008

REGISTRATION FOR:

- | | | | | |
|--------------------------|--------------------|---------------------|----------------------------|------------------|
| <input type="checkbox"/> | Full Day | (9:00–5:00) | Weeks 1-2-3-4-6-7-8 | \$ 180.00 |
| <input type="checkbox"/> | Full Day | (9:00–5:00) | Week 5 | \$ 144.00 |
| <input type="checkbox"/> | Half Day | (9:00–12:00) | Weeks 1-2-3-4-6-7-8 | \$ 100.00 |
| <input type="checkbox"/> | Half Day | (9:00–12:00) | Week 5 | \$ 80.00 |
| <input type="checkbox"/> | Preschool | (9:00–12:00) | Weeks 1-2-3-4-6-7-8 | \$ 100.00 |
| <input type="checkbox"/> | Preschool | (9:00–12:00) | Week 5 | \$ 80.00 |
| <input type="checkbox"/> | SupTot/Beg+ | (9:00–12:00) | Weeks 3 & 6 | \$ 100.00 |
| <input type="checkbox"/> | Tramp/Tumb | (9:00–12:00) | Weeks 2 & 7 | \$ 100.00 |

*The Alberta Gymnastics Federation (AGF) membership \$23.00 (non-refundable) and is valid from July 1, 2008 – June 30, 2009.

Choose Your Week(s):

- | | | | |
|--------------------------|----------------|----------------------|-----------------|
| <input type="checkbox"/> | Week #1 | July 7–11 | \$ _____ |
| <input type="checkbox"/> | Week #2 | July 14–18 | \$ _____ |
| <input type="checkbox"/> | Week #3 | July 21–25 | \$ _____ |
| <input type="checkbox"/> | Week #4 | July 28–Aug 1 | \$ _____ |
| <input type="checkbox"/> | Week #5 | Aug 5–8 | \$ _____ |
| <input type="checkbox"/> | Week #6 | Aug 11–15 | \$ _____ |
| <input type="checkbox"/> | Week #7 | Aug 18–22 | \$ _____ |
| <input type="checkbox"/> | Week #8 | Aug 25–29 | \$ _____ |

FOR OFFICE USE ONLY:	
Total Registration	\$ _____
AGF	+ 23.00
TOTAL	\$ _____

PAYMENT DUE UPON REGISTRATION

There is a \$20.00 cancellation fee.

Please note there will be a \$25.00 NSF fee charged on returned cheques.

Type of Payment: **Cheque** **Cash** **Debit** **VISA** **MasterCard**

Credit Card # : _____ **Expiry Date :** _____ **Transaction # :** _____

Child's Name: _____
Last First

Date of Birth: ____/____/____ **Male** ____ **Female** ____ **AHC# :** _____
M D Y

Allergies / Medical Conditions (if applicable): _____

Parent's Name: _____

Address: _____ **Postal Code:** _____

Home Phone #: _____

Emergency Contact: _____ **Phone:** _____