

2010 GMS Gymnastics Summer Camp Registration Form



Child's Name	Age	Date of Birth	Gender (M or F)	Allergies/Concerns	Current Gymnastics Level
1.					
2.					
3.					

Home Phone: _____ E-mail: _____

Emergency Contact #: _____ Emergency Contact Name: _____
Other Than Parent

Parent's Name: _____ Cell: _____ Medical Insurance: ___ Yes ___ No

Session Desired

Camp Dates	Type of Camp	Type of Camp	Amount Pd	Check #
June 28– July 2	Half Day Camp \$195.00	Full Day Camp \$260.00	Amount Paid \$ _____	
	9:00-12:00 <input type="checkbox"/>	9:00-2:00 <input type="checkbox"/>		
July 5-9	Half Day Camp \$195.00	Full Day Camp \$260.00	Amount Paid \$ _____	
	9:00-12:00 <input type="checkbox"/>	9:00-2:00 <input type="checkbox"/>		
July 12-16	Half Day Camp \$195.00	Full Day Camp \$260.00	Amount Paid \$ _____	
	9:00-12:00 <input type="checkbox"/>	9:00-2:00 <input type="checkbox"/>		
August 9-13	Half Day Camp \$195.00	Full Day Camp \$260.00	Amount Paid \$ _____	
	9:00-12:00 <input type="checkbox"/>	9:00-2:00 <input type="checkbox"/>		
August 16-20	Half Day Camp \$195.00	Full Day Camp \$260.00	Amount Paid \$ _____	
	9:00-12:00 <input type="checkbox"/>	9:00-2:00 <input type="checkbox"/>		

Mail or Fax to: GMS Gymnastics Institute
7226 Newmarket Court. Manassas, VA 20109
703-369-7800 (Gym) 703-361-1906 (Fax)
www.GMSKids.com