VIRGINIA TECHNIQUES GYMNASTICS, INC.
1550 ROANOKE ST. SUITE C, CHRISTIANSBURG, VA 24073
540-381-5151 WWW.VATECHNIQUES.COM

# 2010 Summer Camp Registration Form

Child's name: _____
Last First MI Nickname

Child's birth date: _____ Age: _____ Gender: Male Female

T-Shirt Size: YS YM YL AS AM AL

Which camp child will attend:

____ **Half-day Camp**: ages 3 and up, cost $115, deposit of $50 is due with the child's registration and balance due one week before camp.
____ **a.m. (9-1 p.m.)** ____ **p.m. (1-5 p.m.)**

____ **Full-day Camp**: ages 6 and older, from 9:00am to 5:00pm, cost $199 ($215 with field trips), deposit of $50 is due with the child's registration and balance is due one week before camp.

***For each camp the deposit is non-refundable three weeks prior to the start of camp. The balance is due one week before the start of camp and is non-refundable after the start of camp.***

Which week(s) will child attend:

____ **Week 1 (Go for the Gold)** June 21- 25
____ **Week 2 (Once Upon A Time)** June 28- July 2
____ **Week 3 (Surf's Up)** July 19- 23
____ **Week 4 (Superhero)** July 26- 30
____ **Week 5 (Survivor)** August 2- 6

Parent(s) or Guardian(s):_____

Address: _____

**Contact Information**

*Mother:* Home: _____ Work: _____ Cell:_____ E-mail: _____

*Father:* Home: _____ Work: _____ Cell:_____ E-mail: _____

Emergency contact: _____

Home: _____ Work: _____Cell:_____

Member of VA Techniques? Yes No If yes, what class/program_____

Where did you learn about our camp?

Friend Open Gym Night Website
Newspaper Informational Flyer Other:_____

*For Office Use Only*

| | | |
|---|---|---|
| Registration date: | Deposit: $<br>Cash ___ CC ___ Check # _____ | Balance: $<br>Cash ___ CC ___ Check # _____ |
| Entered in iClassPro: _____ | | |