VIRGINIA TECHNIQUES GYMNASTICS, INC.
221 COUNTY ROAD, CHRISTIANSBURG, VA 24073
540-381-5151 WWW.VATECHNIQUES.COM

2009 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, from 9:00am to 1:00pm, cost $110, deposit of $50 is due with the child's registration and balance due one week before camp.

____ **Full-day Camp**: ages 6 and older, from 9:00am to 5:00pm, cost $210, 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 (Hollywood)** June 22 - 26
____ **Week 2 (Surf's Up)** July 13 - 17
____ **Week 3 (Super Heroes)** July 20 - 24
____ **Week 4 (Survivor)** August 3 - 7
____ **Week 5 (Olympics)** August 10 - 17

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: $ Cash ___ CC ___ Check # _____	Balance: $ Cash ___ CC ___ Check # _____
Entered in iClassPro: _____		

Modified 3/16/09