

My Gym SUMMER Camp REGISTRATION

Child's Name: _____
 Child's DOB: _____ Age: _____
 Member (circle): YES or NO
 Parent Name: _____
 Address: _____
 City/Town: _____ P.C.: _____
 Home #: _____ Mobile #: _____

Camp Schedule

Every Tuesday, Wednesday, Thursday & Friday
 1:00pm to 4:00pm
 July 5th to August 26th

Pick & choose! Circle Dates of Participation

TUES	WED	THURS	FRI
5-Jul	6-Jul	7-Jul	8-Jul
12-Jul	13-Jul	14-Jul	15-Jul
19-Jul	20-Jul	21-Jul	22-Jul
26-Jul	27-Jul	28-Jul	29-Jul
9-Aug	10-Aug	11-Aug	12-Aug
16-Aug	17-Aug	18-Aug	19-Aug
23-Aug	24-Aug	25-Aug	26-Aug

*Camp Days are NON-refundable
 NO refunds/credits/make-ups for missed days
 NO switching days within 2 weeks of scheduled day*

Payment Information

# of Days	x	Price per Day	=	\$	TOTAL
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CC #: _____
 Exp: _____ CVD: _____
 Signature: _____ Date: ____/____/2011

Admin Section Only

POS Registration POS Account

Processed By: _____ Date: ____/____/2011

Space is limited - Call today!

**My Gym Richmond Hill
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 Richmond Hill ON L4C 9S2
 905-780-7700**

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www.mygym.ca