

Club Champion – Champ Camp 2009

Registration Form

Child's Name: _____ Birthdate: _____

Parent's name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

\$300 for 1 week, \$250 each additional.

___ Week 1 ___ Week 5

___ Week 2 ___ Week 6

___ Week 3 ___ Week 7

___ Week 4 ___ Week 8

Total Amount Due \$ _____

\$100 Deposit Due by April 30th.

Credit Card information (Circle One): Visa Mastercard

CC# _____ Exp: _____ Billing Zip code: _____

I authorize Champion Gymnastics to charge a non-refundable deposit of \$100.00 to my credit card, as well as the balance of camp on July 1st, 2009.

Signature: _____ Date: _____

Please return to Club Champion office – 145 Vista Avenue, Pasadena CA 91107 – (626) 577-4496