



CAMP REGISTRATION FORM



Please print this form, fill it out, and mail it with your full tuition check to:

Tumble Time Gymnastics
1379 Cloverdale Rd.
Boise, ID 83713

Child's Name: _____ Date of Birth _____ Age: _____

Address: _____ Zip: _____

Parent or Guardian: _____

Home Phone: _____

Dad's Cell #: _____ Mom's Cell#: _____

Dad's Work #: _____ Mom's Work #: _____

Please check the weeks (or indicate the days) for which you are registering your child:

- Winter Holiday Camp Spring Break Camp Summer Camp
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- Week 1 Week 2 Week 3 Week 4 Week 5 Week 6
- Week 7 Week 8 Week 9 Week 10 Week 11
- All Weeks (1-11)

T-shirt Size:

- S (6-8) M (10-12) L (14-16)
- Adult S Adult M

*My child has permission to participate in all Summer Camp activities.

*No refunds for missed days.

Parent Signature: _____ Date: _____