



### Full Day Summer Camp 2018 Registration

Child 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\* Children must be 5yrs old or older\*\*\*

\*\*\* Parents provide a **nut-free** lunch and afternoon snack\*\*\*

Week Of	Theme	Monday	Tuesday	Wednesday	Thursday	Friday	Special
June 18 <sup>th</sup>	Summer Party						
June 25 <sup>th</sup>	Super Hero						
July 9 <sup>th</sup>	Shipwrecked						
July 16 <sup>th</sup>	Sports Spectacular						
July 23 <sup>rd</sup>	Cheer-tastic		FULL		FULL		
July 30 <sup>th</sup>	Gym Ninjas						
August 13 <sup>th</sup>	Outer Space						
August 20 <sup>th</sup>	Thrive's Got Talent				FULL		
August 27 <sup>th</sup>	Ninja Warrior		FULL	FULL	FULL		



**Pricing:**

Number of Single Days: \_\_\_\_\_ \* \$65 = \_\_\_\_\_ or Number of Full Weeks: \_\_\_\_\_ \* \$310 = \_\_\_\_\_

**Find your discount (you may only apply one per family):**

Sibling Discount: 10% off the total due for the second and third child.

Multi- Day Discount: 10 to 30 days – 5% off the total due

30+ days – 10% off the total due

Multiple Week Discount: 3 - 4 full weeks – 5% off the total due

5+ full weeks – 10 % off the total due

Total Due: \_\_\_\_\_ Deposit Due: \_\_\_\_\_

Payment\*: \_\_\_\_\_

A 50% non-refundable deposit is due at the time of registration. Please Mail Payment with registration form to Thrive Gymnastics 2305 Katcef Ave, Annapolis, MD 21401. The balance of the amount due for camp registration is due by June 15<sup>th</sup>.

I understand that once registered, I am responsible for the remaining balance due and that balance must be paid by June 15th. **I understand that my camp deposit is non-refundable.** I also understand that if my child's camp day needs to change, I can call Thrive Gymnastics prior to the camp date and schedule for another week with no penalty, as long as space is available.

---

Parent/Guardian Signature

Date

---

**(For Office Use)**

Immunization Form: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Special Needs or Allergies \_\_\_\_\_

Payment Policies: \_\_\_\_\_ Notes: \_\_\_\_\_

---