

**ARENA GYMNASTICS**  
**745 Alexander Road**  
**Princeton, NJ 08540**  
**(609) 951-9868**

**2008 SUMMER MINI-CAMP REGISTRATION FORM**

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student's Name:** \_\_\_\_\_  
First Last Middle Initial

**Address:** \_\_\_\_\_  
Street or P.O. Box City, State Zip

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Home Telephone #** \_\_\_\_\_ **Parent/Guardian Work Telephone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**School:** \_\_\_\_\_  
Name Address Telephone #

**In Case of Emergency Contact:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Student's Primary Insurance Carrier:** \_\_\_\_\_

**Student's Previous Experience:** \_\_\_\_\_  
Describe Briefly

**Referred by:** \_\_\_\_\_  
(Individual / advertisement, etc.)

**Check Camp Program:**    \_\_\_\_ Preschool    \_\_\_\_ Front Handspring    \_\_\_\_ Back handspring  
   \_\_\_\_ Advanced Tumbling \_\_\_\_ Fitness

**Check the Week(s) you wish to attend. Partial week Mini-Campers circle the days you wish to attend:**

____ July 8 - 10 -T-W-Th-	____ July 15 - 17 -T-W-Th-	____ July 22 - 24 -T-W-Th-
____ July 29 - 31 -T-W-Th-	____ Aug. 5 - 7 -T-W-Th-	____ Aug. 12 - 14 -T-W-Th-

Member \_\_\_\_\_ Non-Member \_\_\_\_\_ (\$20)