KEEP BOTH FORMS STAPLED TOGETHER

OFFICE COPY

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

2007 SUMMER 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 # _____

Parent/Guardian 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: ____ Full Day ____ Half Day (morning) ____ Half Day (afternoon)

____ Full Week ____ Partial Week

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

____July2-July6* M-T-Th-F	____July 9 – July 13 M-T-W-Th-F	____July 16 – July 20 M-T-W-Th-F	____July 23 – July 27 M-T-W-Th-F
____July 30 – Aug 3 M-T-W-Th-F	____Aug. 6 – Aug 10 M-T-W-Th-F	____Aug. 13 – Aug 17 M-T-W-Th-F	____Aug. 20 – Aug 24 M-T-W-Th-F
____Aug. 27—Aug. 31 M-T-W-Th-F			

*-- closed on July 4th

My child will need Early Drop-Off (8:00-9:00 a.m.) ____Yes ____No

My child will need Extended Hours (3:30-5:00 p.m.) ____Yes ____No

Will pick up at: ____p.m.