

**Note: To avoid loss of data, please save this form on your computer first. Then retrieve it, fill out, save again and submit electronically.**



**Encore Gymnastics Academy  
Summer Camp Registration Form - 2017**

Member/Returning Camper   
Non-Member

Fax completed form to [303-791-8198](tel:303-791-8198) or email to [encoreinfo@egacademy.com](mailto:encoreinfo@egacademy.com)

**Family Information**

Home Phone: \_\_\_\_\_

Mother  
(or guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Father  
(or second guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

e-mail address Home \_\_\_\_\_ Work (optional) \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_ Name \_\_\_\_\_  
(please list a friend or relative who could be reached in an emergency if parent can't be reached)

**Camper Information**

Camper 1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Camper 2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

Camper 3 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M/F \_\_\_\_\_

**Select Your Weeks and Sessions**

Enter an  for each day and session that apply, by week.

Use multiple forms if schedule differs by camper.

	Week 1 June 5 - 9	Week 2 June 12 - 16	Week 3 June 19 - 23	Week 4 June 26 - 30	No Camp July 3 - July 7
<b>Session</b>	5 6 7 8 9 M T W Th F	12 13 14 15 16 M T W Th F	19 20 21 22 23 M T W Th F	26 27 28 29 30 M T W Th F	M T W Th F
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Week 5 July 10 - 14	Week 6 July 17 - 21	Week 7 July 24 - 28	Week 8 July 31 - Aug 4	
<b>Session</b>	10 11 12 13 14 M T W Th F	17 18 19 20 21 M T W Th F	24 25 26 27 28 M T W Th F	31 1 2 3 4 M T W Th F	
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Before Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
After Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Payment Authorization**

I authorize Encore Gymnastics Academy to charge my credit card for the Registration Fee at the time of registration, and to charge my credit card for each week of registered camp two weeks prior to the service week. Encore agrees to retain my credit card information in electronic encrypted form.

Credit Card Number \_\_\_\_\_ Exp. Date (mmyy) \_\_\_\_\_ CVC Code \_\_\_\_\_

/s/ \_\_\_\_\_  
Authorized Signature (printed name serves as a valid signature) Date \_\_\_\_\_

Last Rev. March 24, 2017

**Office Use Only**

IC \_\_\_\_\_

VM \_\_\_\_\_

CP \_\_\_\_\_