

**Gym Cats Gymnastics
Summer Program 2010
Application**

Name: _____ **DOB:** _____

Address: _____ **Age:** _____

_____ **Male or Female**

Home phone number: _____

Email address: _____

Father's name: _____ **Mother's name** _____

Cell number: _____ **Cell number** _____

Work number: _____ **Work number** _____

Occupation: _____ **Occupation** _____

Emergency Contact: (Parents will be contacted first)

Name: _____ **Phone number:** _____

Relationship: _____

Name: _____ **Phone number:** _____

Relationship: _____

Please select the weeks your child will be attending camp.

- | | | | | | |
|--------------------------|--------|-----------------------|----------|----------|--------------|
| <input type="checkbox"/> | Week 1 | June 28 – July 2 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 2 | July 6 – July 9 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 3 | July 12 – July 16 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 4 | July 19 – July 23 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 5 | July 26 – July 30 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 6 | August 2 – August 6 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 7 | August 9 – August 13 | Half Day | Full Day | Extended Day |
| <input type="checkbox"/> | Week 8 | August 16 – August 20 | Half Day | Full Day | Extended Day |

Special Comments: _____

For office use only:

