

# 2024 GYM and SWIM Camp

Campers Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender: M\_\_ F\_\_

Email 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_



	<u>Gymnastics Camp</u>		<u>Extended Day</u>
	<b>Weekly Rates:</b>	<b>Daily Rates:</b>	<b>DAILY Rates:</b>
	F = (9:00-3:30) - \$475	F = * (9:00-3:30) - \$99	A = 7:30 - 9:00am - \$15/day
	A = (9:00-12:00) - \$350	1/2 day (9:00-12:00) - \$70	P = 3:30 - 5:30 PM - \$20/day
	P = (12:30-3:30) - \$350	P = 1/2 day (12:30-3:30) - \$70	B = both sessions - \$30/day
		<b>Weekly Total</b>	<b>Extended Day Total</b>
<b>WEEK 1</b> JUN. 24 – JUN 28	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 2</b> JUL. 1 – JUL. 5(No Camp on JUL 4 <sup>th</sup> )	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 3</b> JUL. 8 – JUL. 12	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 4</b> JUL. 15 – JUL. 19	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 5</b> JUL. 22 – JUL. 26	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 6</b> JUL. 29 – AUG. 2	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 7</b> AUG 5 - AUG 9	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 8</b> AUG 12 - AUG 16	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 9</b> AUG 19 - AUG 23	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
<b>WEEK 10</b> AUG 26 – AUG. 30	M__ex__T__ex__W__ex__Th__ex__F__ex__	\$	\$
	<b>SUBTOTAL</b>		
		<b>Non-Member Fee</b>	
		<b>Total Due</b>	

**Summer Membership fee (waived for current members) \$20.00**

**Camp fee:** \_\_\_\_\_ **Extended day fee:** \_\_\_\_\_ **Membership fee:** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_ **Check/Credit Card:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I \_\_\_\_\_ authorize GAB Norwood to charge my Visa / Mastercard / Discover listed below

Account Number : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp date: \_\_\_\_\_ CV2 #: \_\_\_\_\_

**Registration Policy:** GAB has a no refund policy. Registrations will not be processed without payment. All Registrations MUST be accompanied by a Medical Form and Waiver for participation You may change the week your camper is enrolled on a space available basis only. Charges may apply! ***This camp does comply with the Massachusetts Department of Public Health and be licensed by the Town of Norwood Board of Health***

95 Vanderbilt Ave Norwood, MA 02062

Phone Number: 781-769-6150 E-mail: GABNorwood@comcast.net