

Registration Form



Junior Artistic Camp 2017

WAG Step 1-4, MAG Level 1-3

Name

Club

Step / Level

Parent/
Caregiver Name

Signature

Phone Number 1

Phone Number 2

Email

Emergency Contact
Name

Phone Number

Medical Conditions

Days Attending

- | | | |
|---|------------|------|
| <input type="checkbox"/> Tuesday 24th January | 8am to 2pm | \$50 |
| <input type="checkbox"/> Wednesday 25th January | 8am to 2pm | \$50 |
| <input type="checkbox"/> Thursday 26th January | 8am to 2pm | \$50 |
| <input type="checkbox"/> Friday 27th January | 8am to 2pm | \$50 |

Total

Hamilton City Gymsports
07 849 4546
office@hamcitygymsports.co.nz
www.hamcitygymsports.co.nz
3 Mainstreet Place
Te Rapa, Hamilton

All registration forms to:
office@hamcitygymsports.co.nz

Payments by internet banking:
03 1559 0020891 00
Gymnast Name and Camp as reference