

# Junior Artistic Camp 2018

WAG Step 1-4, MAG Level 1-3

## Registration Form



**Name**

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**Club**

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**Step / Level**

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**Parent/**

**Signature**

**Caregiver Name**

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**Phone Number 1**

**Phone Number 2**

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**Email**

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**Emergency Contact  
Name**

**Phone Number**

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**Medical Conditions**

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### Days Attending

- |   |            |      |
|---|------------|------|
| <input type="checkbox"/> Tuesday 16th January   | 8am to 2pm | \$50 |
| <input type="checkbox"/> Wednesday 17th January | 8am to 2pm | \$50 |
| <input type="checkbox"/> Thursday 18th January  | 8am to 2pm | \$50 |
| <input type="checkbox"/> Friday 19th 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

