



APOLLO GYMNASTICS

12700 Apollo Drive, Woodbridge, VA 22192

Phone (703) 580-9144 * Fax (703) 580-9146

Email: apollogymmanager@aol.com



Summer Camp Registration Form July 8 - Aug. 23, 2019

Full Day Camp: Monday – Friday, 9 a.m. – 4 p.m. **\$295.00 per week**

Half Day Morning Camp: Monday – Friday, 9 a.m. – 12 noon **\$175.00 per week**

Half Day Afternoon Camp: Monday – Friday, 1 p.m. – 4 p.m. **\$175.00 per week**

Single Full Day: 9 a.m. – 4 p.m. **\$80.00 per day**

***5% Disc. for 2017-2018 Registered member / *10% Multi-Child Disc. and Multi-Session Discount ***

Mother Name: _____ Cell Phone: _____ Work Phone: _____
Father Name : _____ Cell Phone: _____ Work Phone: _____
Home Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact: _____
Relation to Camper: _____ Phone: _____

Child Name	Age	DOB	Gender	Allergies	Injuries	Medical Insurance
		/ /	M / F			Y / N

Week/Day	Week 1 July 8- July 12 am pm		Week 2 July 15- July 19 am pm		Week 3 Jul 22-Jul 26 am pm		Week 4 Jul 29 –Aug 2 am pm		Week 5 Aug 5-Aug 9 am pm		Week 6 Aug 12– Aug 16 am pm		Week 7 Aug 19 – Aug 23 am pm	
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														

Total Fees Child 1 _____

50% Deposit due at Registration (Cancellation fee \$80.00)

Total Weekly session fees _____

Credit Card AMEX / VISA / MC / DSCVR

Check # _____

Cash _____

Amount Paid _____ Balance Due _____

Child Name	Age	DOB	Gender	Allergies	Injuries	Medical Insurance
		/ /	M / F			Y / N

Week/Day	Week 1 July 8- July 12 am pm	Week 2 July 16- July 19 am pm	Week 3 Jul 22-Jul 26 am pm	Week 4 Jul 29 –Aug 2 am pm	Week 5 Aug 5-Aug 9 am pm	Week 6 Aug 12– Aug 16 am pm	Week 7 Aug 19 – Aug 23 am pm
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Total Fees Child 2 _____

Child Name	Age	DOB	Gender	Allergies	Injuries	Medical Insurance
		/ /	M / F			Y / N

Week/Day	Week 1 July 8- July 12 am pm	Week 2 July 15- July 19 am pm	Week 3 Jul 22-Jul 26 am pm	Week 4 Jul 29 –Aug 2 am pm	Week 5 Aug 5-Aug 9 am pm	Week 6 Aug 12– Aug 16 am pm	Week 7 Aug 19 – Aug 23 am pm
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Total Fees Child 3 _____

Child Name	Age	DOB	Gender	Allergies	Injuries	Medical Insurance
		/ /	M / F			Y / N

Week/Day	Week 1 July 8- July 12 am pm	Week 2 July 15- July 19 am pm	Week 3 Jul 22-Jul 26 am pm	Week 4 Jul 29 –Aug 2 am pm	Week 5 Aug 5-Aug 9 am pm	Week 6 Aug 12– Aug 16 am pm	Week 7 Aug 19 – Aug 23 am pm
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Total Fees Child 4 _____