Re	gistro Form	rtion	
AGE:	GRADE:	SCHOOL:	
:		EMAIL:	
JRRENT FORMS C ents, please fill out th ard #	ON FILE: 2025 Em e details below:	ergency Card: Ye (Checks may be sent to Exp. D	the address at the bottom of this form)
s not guarantee enrollment. th balance to be paid in full b	Advance reservations requi y the first day of camp. The must strictly abide by the E	Date: red for proper staffing. A n re are no make-ups, transfe GS sick & travel policy and	ers, credits or refunds. Late fees are the
	My Camp Da Camp Ages 5-1	tes	Need a Longer Day? Before Care: 8:00-9:00am \$20/Day After Care: 3:00-5:30pm \$40/Day
in	fo@broadwaygym	.com.	Friday 13-Jun 20-Jun 27-Jun Closed 4-Jul 11-Jul 18-Jul 25-Jul 1-Aug 8-Aug 15-Aug
	AGE: ANWITHWHOM PHONE PHONE STATE: JRRENT FORMS C ents, please fill out th card # nount \$? Snot guarantee enrollment. th balance to be paid in full b Participants in this program SEVERY Duesday Participants in this program SEVERY DUESDAY SEVERY DUESDAY SEVERY SEVERY Call our Front in	AGE: GRADE: AGE ANDE: AGE	AN WITH WHOM THE CHILD LIVES: PHONE #2:EMAIL: STATE:IPHOIL: STATE:I