## **BGS SUMMER CAMP** REGISTRATION

CHILD'S NAME:					
BIRTH DATE:	AGE: GR	ADE: SCHO	00L:		
PARENT/GUARDIAN WITH WHOM CHILD LIVES:					
PHONE #1:	PHONE #2:	E	MAIL:		
STREET ADDRESS:					
CITY:		ST/	STATE:		
Youth Camp Ages 5-12 Everyday from 9:00 am - 3:	00 pm	June 11 -			
Everyddy Hone	Monday Closed 10-Ju	n 11 -Jun	Wednesday	Thursday 1 13-Jun	Friday 14-Jun
	17-Jun	18-Jun	12-Jun 19-Jun	20-Jun	21-Jun
Tuition & Discounts	24-Jun	25-Jun	26-Jun	27-Jun	28-Jun
		☐ 2-Jul	☐ 20 Jul	Closed 4-Jul	5-Jul
Daily rate\$14	5 🗌 8-Jul	□ □ 9-Jul	☐ 10-Jul	11-Jul	12-Jul
3 days/ week\$423		☐ 16-Jul	☐ 17-Jul	☐ 18-Jul	☐ 19-Jul
		□ □ 23-Jul	□ □24-Jul	□ □ 25-Jul	□ □ 26-Jul
4 days/ week\$ 544	● □ 29-Jul	□ □ 30-Jul	□ □31-Jul	□ □ 1-Aug	□ □ 2-Aug
5 days/ week\$660	D □ 5-Aug	☐ ☐ 6-Aug	☐ ☐ 7-Aug	☐ 8-Aug	☐9-Aug
	☐ 12-Aug	☐ 13-Aug	☐ 14-Aug	☐ 15-Aug	☐ 16-Aug
Campers will keep all their personal items	in their backpacks and	there will be no sha	aring of backpack	items. Locker room	s will
be closed until further notice. Water bottle should be filled to last the whole day.					
<b>CAMPER CHECK LIST each can</b>	mper must bring a	all of these items	s with them ea	<u>ich day:</u>	
<ul> <li>✓ Lunch and non-messy snacks</li> <li>✓ Filled water bottle</li> <li>✓ Yoga Mat/ Towel</li> </ul>					
✓ Zip lock bag with: 1 personal size bo		al size washable mar	kers and/or colore	ed pencils, 1 glue sti	ck
<ul> <li>Personal sized hand sanitizer and su</li> <li>Comfortable clothing for fitness (Can</li> </ul>		lothes, if wearing a le	eotard please hav	e it on before arriva	)
<b>Prompt Drop Off at 9:00 am &amp; Pic</b> Child must have current 2023 -2024 Emergence with them each day.					
This registration form alone does not guarante <b>per camper is required upon registration w</b> refunds. Late fees are the responsibility of the the inherent risk while attending this facility.	ith balance to be paid ir	n full by the first d <mark>a</mark> y o	of camp. There are r	no make-ups, transfers	s, credits or
Student has current forms on	file: 23/24 Emer	gency Card:			
For credit card payments please fill out the details below: (Checks may be sent to the address at the bottom of this form)					
Visa Mastercard #		, ,	Exp. Date:	Cvv:	
Authorized Charge Amount \$	Na	me as sh <mark>o</mark> wn on o	card:		

Check box if we can store your CC for future use?

Signature:

Questions? Please call (310) 302-0035 or email us info@broadwaygym.com Broadway Gymnastic School 5433 Beethoven Street, Los Angeles, CA. 90066