



Arts-n-Action



Summer Camp 2014

Registration form

First name:	Last name:	DOB: d/m/y
Home address:	City	P/C
Telephone	Res.	Cell
		Bus (opt)
E-mail	Parent' first name:	
Health card #	Allergies	
Are you Aspirals member?	Yes	No
Any other relevant information you feel we should know		
Waiver: The undersigned hereby agrees to hold Toronto Aspirals Rhythmic Gymnastics Centre , Gymnastics Ontario and Worx of Art Studio harmless from any and all injuries arising out of the activities at any facility at any time or use of equipment, whether accidental or otherwise.		
Parent name:	Signature :	Date:

Wk #	Camp Dates	Mark the days you will attend	Ext hrs Y/N	Fees
1	July 2 - 4			
2	July 7 - 11			
3	July 14 - 18			
4	July 21 - 25			
5	July 28 August 1			
6	August 4 - 8			
7	August 11 - 15			
8	August 18 - 22			
9	August 25 -29 This week is \$320			

Full day camp: Time: 9:00-4:00

Fees:

5-days \$290
 4-days \$230
 3-days \$170
 Daily: \$ 60/day /\$35/half day
 9-12pm

HST included in price

Extended hours:

8:00-9:00 am
 4:00-6:30 pm \$10/hr
 \$5/every 1/2hr

Camp policies

- *Full payment is due at registration.
- *No post dated checks. Check or credit
- *No refund after session starts.(Subject to \$35 fee)
- *Siblings discount: second child- \$5%,third child-10%
- *Multiple weeks discount: from 5th week on:10% off.
- *Payments are due at registration.
- *One discount per family

All checks payable to "Worx of Art"

For office use Payt received: Date: _____ \$ _____ Cash _____ Visa _____ MC _____ Cheque _____

Credit card # _____ Name: _____ Exp _____

For information contact: Worx of Art: 905-597-2525/ info@worxofart.ca / www.worxofart.ca

or Toronto Aspirals at 905-760-0092/info@aspirals.com/www.aspirals.ca

