

# WINTER BREAK CAMP 2017/18

Registration form

office. 905-760-0092 gym. 905-695-0899 e-mail. info@aspirals.com

First name:	Last name:	DOB:
Telephone	Res.	Cell
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 and Gymnastics Ontario 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	Full / Half day	Ext hrs Y/N	Fees
2	Wednesday, December 27				
3	Thursday, December 28				
4	Friday, December 29				
5	Tuesday, January 2				
6	Wednesday, January 3				
7	Thursday, January 4				
8	Friday, January 5				
	Total:				

## Time:

Full day camp: 9:00am-4:00pm  
Half day camp: 9:00am-12:00pm

## Fees:

7 days \$405  
5 days \$295  
1 day \$60  
½ day \$35

HST is not included in price

## Extended hours:

8:00-9:00 am  
4:00-6:00 pm  
\$10/hr or \$6/30min

Full payment is due at registration  
No post dated checks. Check, cash or e-transfer  
No refund after December 15 (Subject to \$35 fee)  
Discounts for siblings: 10%  
No application will be processed until full fees are paid  
Make your check payable to Toronto Aspirals

## Mail your registraion to

6 Bradwick Drive, Concord, ON L4K 2T3

905-760-002 office.

905-695-0899 gym

905-669-5690-fax

[Info@aspirals.ca](mailto:Info@aspirals.ca) -e-mail

[www.aspirals.ca](http://www.aspirals.ca) web site

No application will be processed until full fees are paid.

Payments accepted in cash or checks.

Make your check payable to Toronto Aspirals RGC

