

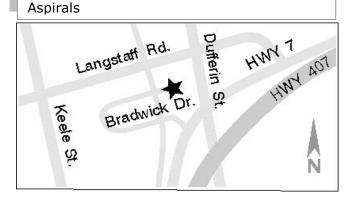
Reg	istration form	office. 905-760-0092 gym. 905-695-0899 e-mail. info@aspirals.com									
First name:			La	ast name	:		DOB:				
							d/m/y				
Telephone Res.		Res.			Cel	l	Bus				
							(opt)				
E-mail				Parent' first name:							
Health card #					Alle	rgies					
A											
Are you Aspirals		Yes	No								
member?											
Any other relevant information you feel we should know											
<b>XX</b> 7 - 1-											
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:				Signa	ature :		Date:				
14/1											
Wk #	Cam	-	Mark	Full	Ext	Fees	Time:				
π	Date	S	the days	/	hrs		Full day camp: 9:00am-4:00pm				

	Dates	you will attend	Half day	Y/N	Full day camp: 9:00am-4:00pm Half day camp: 9:00am-12:00pm
2	Wednesday, December 27				Fees: 7 days \$405
3	Thursday, December 28				5 days \$295 1 day \$60
4	Friday, December 29				<sup>1</sup> ⁄ <sub>2</sub> day \$35 HST is not included in price
5	Tuesday, January 2				Extended hours:
6	Wednesday, January 3				8:00-9:00 am
7	7 Thursday, January 4				4:00-6:00 pm \$10/hr or \$6/30min
8	Friday, January 5				Full payment is due at registration No post dated checks. Check, cash or e-transfer
	Total:				No refund after December 15 (Subject to \$35 fee) Discounts for siblings: 10%

## Mail your registraion to

6 Bradwick Drive, Concord, ON L4K 2T3

905-760-002 office. 905-695-0899 gym 905-669-5690-fax <u>Info@aspirals.ca</u> -e-mail <u>www.aspirals.ca</u> 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



No application will be processed until full

Make your check payable to Toronto

fees are paid