



Summer 2017 Camp Registration Form

Parent/Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Student Name: _____ **DOB:** _____

Place an "X" in the boxes below for the camp weeks you will be attending

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
7/3-7/7	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11	8/14-8/18	8/21-8/25
No Camp							

Camp Deposit **# of Weeks** **Total**
 \$25 X = \$

The total amount above will be charged to credit card provided at time of registration.

Camp tuition is \$200/week. A \$25 deposit per week is required at time of registration.

Remaining camp balance (\$175/week) will be charged to credit card on July 1, 2017.

Please see the reverse side of this form for credit card information.

Please note: All camp deposits are NON-REFUNDABLE-TRANSFERRABLE.

I have read and fully understand the payment policies outlined above and agree to such.

Signature: _____ Date: _____

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