

**2009 Registration Form
Gymnastics and Fitness Camp**

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ (evening) _____

E-mail address _____ DOB _____

Please Check One

\$249.00 Full Day

\$209.00 Full Day with Sibling Discount

Sibling Name: _____

\$120.00 1/2 Day Option

\$105.00 1/2 Day Option with Sibling discount

Sibling Name: _____

Call (413)748-5287 for information on team discount.

Payment Method

(Payment in full is requested when registering)

Check # _____ made payable to:

Springfield College, enclosed.

Charge the credit card indicated below:

Visa MasterCard Discover American Express

Card number _____

Expiration date _____

Print name as it appears on card:

Signature of cardholder

Address of cardholder if different from above

www.springfieldcollege.edu/specialprograms