

## Registration Form 2008 Gymnastics and Fitness Camp

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (Evening) \_\_\_\_\_

E-Mail address \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Registration: \$120.00. Register a sibling and pay \$105.00 per person.**

*(Please check one):*

- Individual at \$120.00  
 Sibling Discount: \$105.00 per person

Name of sibling \_\_\_\_\_

Payment Method *(Payment in full is requested when registering)*

{ } Check # \_\_\_\_ enclosed *(Please make checks payable to Springfield College.)*

{ } Charge my credit card *(Please check one):*

{ } Visa { } Mastercard { } Discover { } American Express

*Credit card registrations may phoned in to 413-748-5287 or be returned via fax 413-748-3534.*

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Address of cardholder if different than above \_\_\_\_\_

Return with payment to:

Springfield College Business Office

263 Alden Street

Springfield, MA 01109-3797