

# Twin Ports Gymnastics Camp Registration Form

Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

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

Parent / Guardian \_\_\_\_\_

Home / Cell \_\_\_\_\_ Work \_\_\_\_\_

Gymnasts Birthday \_\_\_\_\_ Age at Camp \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

E-mail Address \_\_\_\_\_

Training Level \_\_\_\_\_ Deposit Paid \_\_\_\_\_

## General Information:

Cost and Cancellations: Registration deadline is 1 wk prior to the start of desired camp week. The fee per session is to be paid in full and will be automatically withdrawn from your credit card by the first day of camp, unless otherwise paid. Your fee **less the deposit** will be refunded if you cancel 2 weeks prior to the camp start date.

## Please complete the information below:

Cardholder Name: _____	
Billing Address: _____	Phone #: _____
City, State, Zip: _____	Email: _____
Last 4 Digits of CC #: _____	Expiration Date: _____

**Your complete credit card information is entered in our secure Sterling Payment Systems electronic vault.**

I authorize Twin Ports Gymnastics, Inc. to charge my credit card a one-time camp payment in the amount of \$\_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_