

GLEASON'S GYMNASTIC SCHOOL

DAY CAMP Registration Form

PLEASE STOP BY OR CALL THE OFFICE TO ARRANGE PAYMENT

#1 Participant's Name: _____ Age: _____

Current Gleason's Student (circle)? Yes No Amount Paid: \$75 / \$65 / \$5 / \$5

*Medical/Health Concerns: _____
(including food allergies, learning/cognitive/emotional disabilities)

#2 Participant's Name: _____ Age: _____

Current Gleason's Student (circle)? Yes No Amount Paid: \$67.50 / \$58.50 / \$5 / \$5

*Medical/Health Concerns: _____
(including food allergies, learning/cognitive/emotional disabilities)

#3 Participant's Name: _____ Age: _____

Current Gleason's Student (circle)? Yes No Amount Paid: \$60 / \$52 / \$5 / \$5

*Medical/Health Concerns: _____
(including food allergies, learning/cognitive/emotional disabilities)

Want to be put in the same group as a friend or sibling? Name(s) _____

MEMBER PRICING:

\$65.00 for first child
\$58.50 for 2nd child
\$52.00 for 3rd child

NON-MEMBERS:

\$75.00 for first child
\$67.50 for 2nd child
\$60.00 for 3rd child

EARLY/LATE FEES:

\$5/child early drop off
\$5/child late pick up

Parent Name(s): _____

Cell Phone: _____

Email: _____

PAYMENT REQUIRED UPON REGISTRATION NO WALK-INS ALLOWED

*Waivers are available online, in the office, or at the gym the night of the event
This information is required and necessary for the safety of your child(ren).



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