EAGLE GYMNASTICS

EAGLET 4-6-YEAR-OLD HALF DAY CAMP

Registration Form

Child's Name: _____

Age: _____ Birthdate: _____ Phone_____

Parent/Guardian Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Emergency Name & Number Other than Parent:

_____

Food Allergies: _____

Medications: _____

Monday October 13th 2025
Tuition: $55 Members ($57 Venmo)
$60 Non-Members (Venmo $62 Venmo)
***Deadline Thursday Oct. 9th ***
***10% discount on 2nd Child**

----------FOR OFFICE USE ONLY----------

Check Amount: _____Check # _____ Cash: _____ Venmo: _____

EAGLE GYMNASTICS

Ages 6+ Full Day Camp

Registration Form

Child's Name: _____

Age: _____ Birthdate: _____ Phone_____

Parent/Guardian Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Emergency Name & Number Other than Parent:

_____

Food Allergies: _____

Medications: _____

Monday October 13th 2025
Tuition: $75 Members ($77 Venmo)
$80 Non-Members (Venmo $82 Venmo)
***Deadline Thursday Oct. 9th ***
***10% discount on 2nd Child**

----------FOR OFFICE USE ONLY----------

Check Amount: _____Check #_____ Cash: _____ Venmo: _____