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EL SEGUNDO, CA  
PERMIT No. 14



# Spring



## Gymnastics Day Camp March 29-April 2, 2010



All Olympia Gymnastics Center  
12500 Beatrice St.  
Los Angeles, Ca 90066  
Office:(310) 301-8066  
Fax:(310) 301-8144

**Sign Up TODAY!**

# Camp Tuition

Camp Days	Half Day 9:00am-12:00pm	Full Day 9:00am-3:00pm
5	\$185	\$285
4	\$160	\$240
3	\$120	\$185
2	\$85	\$125
1	\$45	\$65

**Extended Camp Care**

- No, I will not need extended care
- Yes, I will need extended care as follows:
- Before Camp Care:**  8AM-9AM  
(For an additional \$8 per hour)
- After Camp Care:**  3PM-4PM  4PM-5PM  
 5PM-6PM (for an additional \$8 per hour)
- Deposit - \$100 non-refundable per child due with registration. The remaining payment is due ONE WEEK prior to camp date.
- Age requirement:** 4 Years Old & Up

**Call for more information  
(310) 301-8066 TODAY!**

**\*Space is limited\***

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Phone: (310) 301-8066, Fax: (310) 301-8144  
[www.allolympiagym.com](http://www.allolympiagym.com)



# Spring Camp Registration Form

Child Name \_\_\_\_\_

M/F \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

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

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

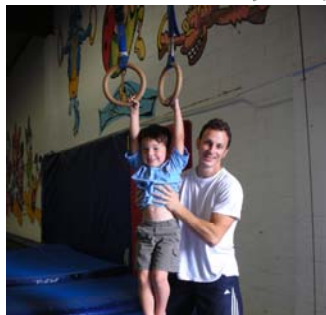
Type of Insurance \_\_\_\_\_

A current emergency card is required for each child attending camp. I have checked the activity schedule for times, camp tuition, and other information. This registration form does not guarantee enrollment and there are no refunds, credits or make-ups.

X \_\_\_\_\_

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

## Let's have some FUN!



**Come join us for a winter of excitement and fun learning.  
Our Winter Camp  
Is filled with:**

- Daily Gymnastics
- Games and relays
- Obstacle courses
- Fun foam pit
- Arts and Crafts
- Field-trips



**Call us to reserve a place for your child  
TODAY!!!**

### Payment Method

Total enclosed: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Payable to: All Olympia Gymnastics Center

Charge my:  Master Card  VISA

Discover

Credit card number:

□□□□□□□□□□□□□□□□

Expiration: \_\_\_\_\_



X Signature (as shown on credit card) \_\_\_\_\_

Credit Card Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**My Child will attend the following days  
(Circle Desired dates):**

**Mar 29, 2010- Apr 2, 2010**

**M T W T H F**