

Acrobat 2 Artist Registration Packet

Name: _____ USAG # _____

Please write Beginner if athlete has no experience or USAG Level competed _____

Age: _____

Address: _____

Parent's names : _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Emergency Contact : _____ Emergency contact phone: _____

EMAIL Camp information and confirmation can be sent to: _____

Camp week selection (Please check one)

____ Option One: Half day option Monday-Friday 9am-1pm/\$150.00

____ Option Two: Full day option Monday-Friday 8am-6pm/\$250.00

\$50.00 non refundable deposit due by June 1st, 2017 to hold campers spot

Full payment due first day of camp. Full day campers need to bring lunch and two snacks. Half day campers need one snack per day. Campers may bring additional monies for vending machine.

Please make checks payable to : Go For It USA

Mail to: Go For It USA GYMNASTICS

3105 Coleman Street

North Las Vegas, NV 89032

Credit card payments may be made over the phone