Charisma Camps August 2018

20/08/2018 – 23/08/2018

We are pleased to be able to offer various gymnastics classes over the Summer.

Come along and join in the fun in a safe, happy environment, with experienced qualified coaches.

CLASSES ARE FOR AGE 4 UPWARDS

If you would like your son/daughter to attend, please avoid disappointment by returning the booking slip attached with the appropriate fee by:

Saturday 4th August 2018

For further enquiries contact: charismacamps@outlook.com

Payments must be made in **advance** via CASH/CARD or online banking.

Booking Conditions:

- Refunds can only be made at the discretion of the senior coach. If cancellation is due to the child sickness, a request for a refund must be made in writing, accompanied by a doctor's certificate.
- A minimum number of bookings are required to run each activity. In the event of cancellation by CGC customers will be refunded.
- CGC reserves the right to amend activities without notice.
- CGC cannot be held responsible for any loss or damage to property.
- Participants should be fit to undertake the gymnastics activity booked. All medication should be handed to the Coach in Charge on arrival.
- Please detach and hand in the booking form with your payment
- Gymnasts must have adequate food (lunch and snacks if staying all day), A water bottle and a tracksuit for warmth throughout the day

Please note:

- We will provide a **sibling discount**. For example: Two gymnasts attending for one afternoon will be treated as 2 days (£54.00 instead of £60.00)

Summer Camps Form

Please complete each section:

Date	Preschool 4-5yrs 09:00-11:00	Gym for All 6+yrs 09:00-12:00	Gym for All 6+yrs 13:00-16:00	Gym for All 6+yrs 09:00-16:00
20/08/2018- Monday				
21/08/2018 Tuesday				
22/08/2018 Wednesday				
23/08/2018 Thursday				

Payment

2 hours: Preschool	3 hours: Morning/Afternoon	All day
1 DAY: £20.00 ☐	1 DAY: £30.00 ☐	1 DAY: £55.00 ☐
2 DAYS: £38.00 ☐	2 DAYS: £54.00 ☐	2 DAYS: £100.00 ☐
3 DAYS: £54.00 ☐	3 DAYS: £77.00 ☐	3 DAYS: £140.00 ☐
4 DAYS: £68.00 ☐	4 DAYS: £96.00 ☐	4 DAYS: £175.00 ☐

Total Paid _____

Child's Full Name:	**Child's Age:**
Contact Number #1:	**Contact Number #2:**
Medical Conditions:	**Medications:**
Signed:	**Date:**

Photographs and video footage may be taken during camps. Please indicate below and sign if you do NOT wish your child to be in such photos:

Office Use:

Payment Amount Received: _____	Date: _____	Administrator Signature: _____