Charisma G.C EASTER CAMPS FORM

3rd-6th April

We are pleased to be able to offer various gymnastics classes over the Easter half term. 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 return the booking slip attached with the appropriate fee by:

Saturday 31st March 2018

For further enquiries contact: charismacamps@outlook.com

Booking Conditions:

- Payments must be made prior to the session
- 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

Costs

2 hours Preschool/Squad add on session	3 hours Morning/Afternoon /Squad Evening	All day	Deals
1 DAY: £20.00	1 DAY: £30.00	1 DAY: £55.00	**10% discount for squad sessions** for those attending a Camps session on the same day!
2 DAYS: £38.00	2 DAYS: £54.00	2 DAYS: £100.00	**Sibling Discounts** will be provided as our multiple day offers: 2 full days for £100 etc
3 DAYS: £54.00	3 DAYS: £77.00	3 DAYS: £140.00	
4 DAYS: £68.00	4 DAYS: £96.00	4 DAYS: £175.00	
5 DAYS: £80.00	5 DAYS: £112.00	5 DAYS: £200.00	

Easter Camps Form

Please complete each section:

Date	Preschool 4-5yrs 09:00-11:00	General 6+yrs 09:00-12:00	General 6+yrs 13:00-16:00	General 6+yrs 09:00-16:00	Squad Only 16:30-19:30 Mon-Weds	Squad Only 16:00-18:00 Thurs/Fri
Tuesday 3rd April						
Wednesday 4th April						
Thursday 5th April						
Friday 6th April						

Important Information:

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

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Office Use:

Payment Amount Received:	
Date:	
Administrator Signature:	