



SUMMER CAMP

8:00 am - 4:00 pm *Extended care available!*

Ages 3 to 11

One week sessions available! The full day fee is \$175.00

406-727-8782

Do you need a 1/2 Day program for your lil ones?

AM Class 8:00 - 11:30

PM Class 12:30 - 4:00

Try our Jump Start Program! "Where Kids Get A Jump On Life"

Mon-Thurs. ages 3-5 yrs. Cost: \$100.00/week

SPACE IS LIMITED, INQUIRE EARLY!

Child's First Name: _____ Last: _____ DOB: _____

JUNE

ONE WEEK SESSIONS \$175.00

Circle choices

- Session 1: Gymnastics Camp June 4 - June 8** Full Day - 1/2 Day am/pm \$ _____
- Session 2: Sports Camp June 11 - June 15** Full Day - 1/2 Day am/pm \$ _____
- Session 3: Gymnastics Camp June 18 - June 22** Full Day - 1/2 Day am/pm \$ _____
- Session 4: Matrix 406 June 25 - June 29** Full Day - 1/2 Day am/pm \$ _____

JULY

- Session 5: All American Camp July 2 - July 6** Full Day - 1/2 Day am/pm \$ _____
- Session 6: Gymnastics Camp July 9 - July 13** Full Day - 1/2 Day am/pm \$ _____
- Session 8: Gymnastics Camp July 30 - August 3** Full Day - 1/2 Day am/pm \$ _____

SWIM/GYM

TWO WEEK SESSIONS \$360.00

Swimming lessons included!

- Session 7: Gym&Swim Camp July 16 - July 27th** Full Day - 1/2 Day am/pm \$ _____

AUGUST

ONE WEEK SESSIONS \$175.00

Swimming at Mitchell Pool!

- Session 9: Gymnastics Camp Aug 6 - Aug 10** Full Day - 1/2 Day am/pm \$ _____
- Session 10: Matrix 406 Aug 13 - Aug 17** Full Day - 1/2 Day am/pm \$ _____
- Session 11: 5 Days of Fun Aug 20 - Aug 24** Full Day - 1/2 Day am/pm \$ _____

A completed Great Falls Gymnastics Academy release of liability form and a \$75 Non-Refundable Deposit Per Session Per Child is Required To Reserve Your Space.

_____ A completed Great Falls Gymnastics Academy release of liability form. (on line or at the front desk)

_____ I understand that early drop off is from 7:00-7:45 am & extended care is from 4:15-5:15 pm. The cost is \$7.00 each day.

_____ I agree to be charged \$2.50 every minuet childcare is provided after 5:15 pm.

_____ Initial _____ on each line and a Signed Summer Camp Form is needed to complete your enrolment.

Parents Signature X _____ Date _____

Great Falls Gymnastics Academy
815 First Avenue North
Great Falls, MT 59401
406-727-8782

Cash/Check _____ Camp Total \$ _____
 Credit card _____ Deposit PIF \$ _____
 Staff int. _____ Balance Due \$ _____

For more information please visit us on line.
greatfallsgymnastics.com

