

Sports Camp

MEMBER
NON-MEMBER

Team Member Name:	
Date Received:	

Caı	mper Name:			Membership #:	
Cam	np Weeks	M-F	Before Care	After Care	
1	May 29 - June 1		1 May 29 - June 1	1 May 29	9 - June 1
2	June 4 - 8		2 June 4 - 8	2 June 4	- 8
3	June 11 - 15		3 June 11 - 15	3 June 1:	1 - 15
4	Jun 18 - 22		4 Jun 18 - 22	4 Jun 18	- 22
5	June 25 - 29		5 June 25 - 29	5 June 2!	5 - 29
6	Jul 9 -13		6 Jul 9 -13	6 Jul 9 -1	3
7	Jul 16 - 20		7 Jul 16 - 20	7 Jul 16 -	20
8	Jul 23 - 27		8 Jul 23 - 27	8 Jul 23 -	27
9	Jul 30 - Aug 3		9 Jul 30 - Aug 3	9 Jul 30 -	- Aug 3
10	Aug 6 - 10		10 Aug 6 - 10	10 Aug 6 -	10

Camper Name: M	/lembership #:
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Cam	ıp Weeks	M-F	Before Care	Afte	r Care	
1	May 29 - June 1		1 May 29 - June 1	1	May 29 - June 1	
2	June 4 - 8		2 June 4 - 8	2	June 4 - 8	
3	June 11 - 15		3 June 11 - 15	3	June 11 - 15	
4	Jun 18 - 22		4 Jun 18 - 22	4	Jun 18 - 22	
5	June 25 - 29		5 June 25 - 29	5	June 25 - 29	
6	Jul 9 -13		6 Jul 9 -13	6	Jul 9 -13	
7	Jul 16 - 20		7 Jul 16 - 20	7	Jul 16 - 20	
8	Jul 23 - 27		8 Jul 23 - 27	8	Jul 23 - 27	
9	Jul 30 - Aug 3		9 Jul 30 - Aug 3	9	Jul 30 - Aug 3	
10	Aug 6 - 10		10 Aug 6 - 10	10	Aug 6 - 10	

Cancellation Policy:

Written notice of cancellation must be made 15 days prior via email to keith.henderson@genesishealthclubs.com

Discounts

- 5% Discount off for campers enrolling in 5+ camp weeks
- 5% Discount for families paying in full at the time of enrollment
- 5% Discount when enrolling two or more siblings

Payment Schedule:

- A downpayment of \$30 per camper/per week is required at the time of enrollment. Weekly camper enrollment balances must be paid in full 1 week prior to each camp week.

Camp Pricing:		
	Member	Non-
Member		
M-F	\$ 70	\$ 80

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