

REGISTRATION FORM

One Participant and program per form

Activity: _____

Fee: _____

Location: _____

Session/Time: _____ / _____

Participant's

Name: _____

Age/DOB: ____ / _____

Telephone: _____

E-mail: _____

Address: _____

City: _____ State: ____ Zip: _____

Emergency Contact & Phone

Number: _____

Parent's Signature _____

Date _____

All Checks Payable to Lower Merion Township

Mail Registrations and payments to:

Bala Gymnastics

302 Homestead Ln

Chadds Ford Pa 19317

**SUMMER RHYTHMIC GYMNASTICS
CAMPS Registration Form and fees**



Cost per week
\$440 per week full day camp
\$240 per week half day camp

TO REGISTER

CALL (610) 580 4714
balagymnastics@gmail.com
www.balagymnastics.com
45 Bala Avenue
Bala Cynwyd, PA 19004

