

Date: _____ SS#: _____

DOB: _____

Name: _____

Childs Name: _____
(Participating in Camp)

Address: _____

City: _____ St: _____ Zip: _____

Email Address: _____

DL #: _____ State Issued: _____

Home Phone: _____ () _____

Cell/Alternate Phone: _____ () _____

Gym Phone: _____ () _____

Emergency Contact: _____

Emergency Contact #: _____ () _____

List Campers you wish to Chaperone*:

If you have more than 6, please list on back of form.

** Depending on the number of Chaperone requests, each chaperone may be responsible for up to 3 rooms of campers (12 campers).*

Team (Gym) Name:

Application must be completed, signed, mailed or faxed by June 10, 2008. You will be contacted by email or phone as soon as all applications have been received. Please add AAUCamp@aol.com to your address book to ensure you receive our emails. Forms can be mailed to: Balcony Summer Gymnastics Camp, 1220 SW 33rd Avenue, Ocala, FL 34474 or faxed to (352) 401-3664.

I understand that I must follow all rules and regulations set forth by the camp directors and that I will provide a safe and fun environment for all the campers. And that chaperone positions will be filled on an as needed basis and is not a guarantee that by sending in an application, I will be selected as a chaperone. I furthermore understand that my position is voluntary and can be terminated by camp directors if deemed necessary.

Signature: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Gym Name: _____

Rooms: _____