

Scholar Zone Camp

At Tumble Time Gymnastics

Camper's Name _____ D.O.B _____

Age (as of Sept. 1, 2020) _____ Grade going into _____

Primary Guardian's Name _____

Primary Phone Number _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

School _____

School Schedule (if known) _____

Are you interested in weekly enrollment or monthly enrollment? _____

This camp application is not a guarantee that your child will be selected for admission to our program. Due to limited resources, along with Covid-19 mandates and Tumble Time safety protocols, we will only be able to accept a limited number of campers. Please understand that our intention is focused on maintaining the same safe, fun and trusting environment our customers have known for the past 27 years. Your acceptance into this program will be emailed to you no later than 9/08/2020. Your signature below is your indication that you have read, understand and agree to the statements listed on this application.

Print Name

Signature

Date