



2020 Dragon Gym BERWYN Summer Camp

DG BERWYN SUMMER CAMP Participant Information

Student's Name *

First Name Last Name

Student's Age *

Student's Belt Rank *

(Projected for the start of camp)

Parents' Names *

Parent's Email: *

example@example.com

Parent's Phone *

Area Code Phone Number

Parent's Cell *

Area Code Phone Number

Additional Emergency Contact *

Food Allergies *

Daily Medications *

Other Specific Notifications *

Full or Half Days? *

Full Days

Half Days

Regular or Early Drop Off? *

Early

Regular

Choose Which Weeks

- Week 1 BERWYN July 6th
- Week 2 BERWYN July 13th
- Week 3 BERWYN July 20th
- Week 4 BERWYN July 27th

Please Complete the Summary Below:

Total Full-Day Weeks: _____ X \$375 = _____

Total Half-Day Weeks: _____ X \$187.50 = _____

Total Early-Drop Weeks: _____ X \$25 = _____

Total: _____ / 6 Payments

Monthly Payment: _____

**I Authorize Dragon Gym to Charge My
Credit Card.**

Signature: _____

