

2020 Dragon Gym EXTON Summer Camp

DG EXTON SUMMER CAMP Participant Information

DO EXTON COMMEN CAME T distinguist 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 WEEK	Choose	W	hich	ı We	eek
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Week 1 EXTON July 6th Week 2 EXTON July 13th Week 3 EXTON July 20th Week 4 EXTON 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:	