

2010 MICHIGAN GIRLS GYMNASTICS CAMP

Mail-In Registraion Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Birthdate _____ Age _____ Grade _____

*Email _____

Confirmation documents will be emailed to this address

Gym _____

Camp Session Session 1 Session 2
June 20th – 24th June 27th – July 1st
Type Resident Commuter

Roommate Request _____

Payment \$ _____ Check # _____

(Optional) Camp T-Shirt (\$6 additional charge)

Child Lg Adult Sm Adult Md Adult Lg

Have you been to our camp before? Yes No

*Make checks payable to:

Michigan Girl's Gymnastics Camp
C/O Beverly Plocki
1000 South State Street
Ann Arbor, MI 48109

*\$25 Fee on returned checks