

Elite Skills Camp July 14, 2017

Registration Deadline: June 30



Registration Information *(please print)*

School Name: _____

Contact Name: _____ Title/Role: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Email 1: _____ Email 2: _____ Email 3: _____

Which of your teams will be training with us? *(check all that apply)*

Junior High / Middle School Coed All Girl No. of Athletes _____

Freshmen Coed All Girl No. of Athletes _____

Junior Varsity Coed All Girl No. of Athletes _____

Varsity Coed All Girl No. of Athletes _____

Please tell us how many shirts you need :

Youth Medium _____ Youth Large _____ Youth XL _____

Adult Small _____ Adult Medium _____ Adult Large _____

Adult XL _____ Adult 2XL _____ Adult 3XL _____

Total No. Shirts _____

Payment information:

My check is enclosed (payable to GymTyme Illinois)

Please charge my credit card VISA MasterCard

Card number: _____

Exp. Date: _____ 3-digit CVC: _____ Billing ZIP Code _____

I hereby authorize GymTyme Illinois to charge the credit card above fees related to this scheduled camp.

Authorized signature _____ Date _____

TOTAL DUE (\$50/athlete) \$ _____ Payment in full must be received by July 6
