

**CCG combines
Action Packed Days of Fun with
the Finest Gymnastics, Acrobatics,
Trampoline, Tumbling, & more for the
Ultimate Camp Experience!**

Give yourself some extra time to
prepare for Thanksgiving Day dinner
or prepare to go out of town!
Call CCG to get some holiday relief.

**Call today (805) 549-8408
Fax (805)786-4496
Online www.iflipforCCG.com**

**CENTRAL COAST GYMNASTICS
SPORTS CENTER, Inc.**

21 Zaca Lane, Suite #100
San Luis Obispo

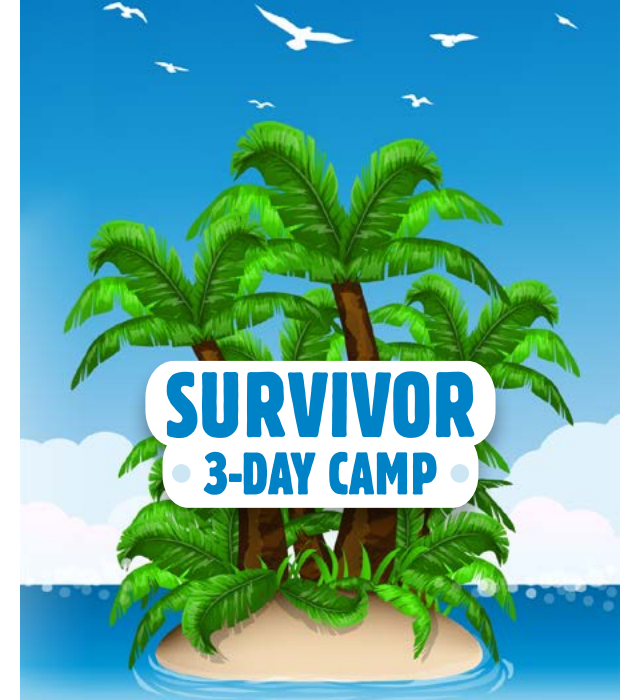


**32,500 square feet
of Fun & Fitness!**



21 Zaca Lane #100
San Luis Obispo, CA 93401

Thanksgiving week...
You'd be LOST without our



November 19-21
Monday – Wednesday
2018





Two Gyms are better than One!
32,500 sq. ft. of Fitness & Fun!

Join us for our **3-Day Survivor Camp** with our **Amazing CCG Staff!**



It's a great experience for children ages 3½ - 13

All levels are welcome from beginning to advanced, boys & girls



Newly added: **Survival Nerf Wars** in Gym 2 (ages 7 & up)

Younger children will be running the **Ninja Gauntlet** in Gym 1 (ages 3-6)



Check out our new **Gym #2** with complete **Tumble & Trampoline, Ninja Agility, and MORE!**

Make sure to bring tennis shoes, warm clothes, lunch & water bottle for full day campers.

Full Day
 (9 am - 3 pm)

1 Day = \$65
 2 Days = \$110
 3 Days = \$155

Half Day
 (9 am - 12 pm)

1 Day = \$35
 2 Days = \$65
 3 Days = \$95

CCG MEMBERS receive **\$5** off per day

Camp Change Fee: \$5 per request for changes to camp

EARLY-BIRD DISCOUNTS

Register on or before **October 20th** and get **10% off 1st child and 20% off additional siblings.**
 Register from **October 22nd – November 10th** and receive **5% off 1st child and 15% off additional siblings.**
 Register on or after **November 12th:** Regular price for 1st child and 10% off additional siblings.
 No registrations on Sundays, the office is closed.



CCG Survivor 3-day Camp
REGISTRATION FORM

1. **Child's Name:** _____
 Age: _____ Date of Birth: _____ M / NM

2. **Child's Name:** _____
 Age: _____ Date of Birth: _____ M / NM

Parent's Name: _____

Email: _____

Address: _____

Home Phone: _____ Cell: _____

Notes: _____

I release Central Coast Gymnastics Training Center and its coaching staff from any liability incurred as a direct result of my child's participation in this "Thanksgiving Super Camp." I also authorize any medical personnel as agents for the undersigned to consent to any diagnostic procedure (including X-Rays), to the administration of any medical or surgical treatment, or to any hospital care when any or all rendered under the general supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act. THE AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT, OR MEDICAL CARE BEING REQUIRED, AND PURSUANT TO THE PROVISIONS OF SECTION 258 OF THE CALIFORNIA CIVIL CODE. A 50% non-refundable deposit due at time of registration. Refund requests must be in writing one week prior to camp start date. There will be a \$5.00 fee for any changes to camp after registration. If after deadline date, 50% account credit will only be given, no exceptions.

Parent Signature: _____

Printed name: _____ Date: _____

EEB EB Regular **Pricing:**

| Dates: | Days (FD/HD) #kids: | Fees: |
|---|-----------------------------------|-------------------------------|
| Nov 19-21 | _____ | _____ |
| B/A Care: | _____ hrs X _____ kids X \$6/hr = | _____ |
| <i>Days/Times B/A Care:</i> _____ | Total due: _____ | |
| | Deposit pd: \$ _____ | |
| Check #: _____ | CC type: _____ | Cash <input type="checkbox"/> |
| Total Balance Due (1st day): _____ | | |