

**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
Email info@iflipforCCG.com
Online www.iflipforCCG.com

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

21 Zaca Lane, Suite #100
San Luis Obispo



**CENTRAL COAST
GYMNASTICS**
SPORTS CENTER, INC.
21 Zaca Lane #100
San Luis Obispo, CA 93401

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



November 21, 22, 23
Monday – Wednesday
2022





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



It's a great
experience
for children
ages 4 - 13

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



Pacific Wildlife Care
will be presenting
rescued animals

Two Gyms are
better than One!
Two times the
Fitness & Fun!



Check out our
Gym #2
with lots of
Large
Trampolines
and MORE!

Make sure to bring tennis shoes,
warm clothes, lunch & water
bottle for full day campers.
(No-tie shoes for kids under 5)

Full Day (9 am - 3 pm)

1 Day = \$70
2 Days = \$115
3 Days = \$160

Half Day (9 am - 12 pm)

1 Day = \$40
2 Days = \$70
3 Days = \$100

CCG MEMBERS
receive \$5 off per day

Late Fee: \$10 is added at the
end of the first day of camp
& balance must be paid to
continue to hold future spots

PLEASE REGISTER on or before November 18:

Regular price for 1st child
and 10% off additional siblings.

No registrations on Sundays, the office is closed.

Note:

You may be able to register during the [3] days of
camp (11/21, 11/22, & 11/23) if space is available.

Call our office at (805) 549-8408 or
email info@iflipforCCG.com to register for camp.

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 Survivor 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-returnable deposit due at time of registration. Refund requests must be in writing one week prior to camp start date. If after deadline date, 50% account credit will only be given, no exceptions.

Parent Signature: _____

Printed name: _____ Date: _____

Pricing: ☐ EB ☐ Regular

Dates: _____ Days (FD/HD) #kids: _____ Fees: _____

Nov 21-23 _____

B/A Care: _____ hrs X _____ kids X \$6/hr = _____

Days/Times B/A Care: _____ Total due: _____

Deposit pd: \$ _____

Check #: _____ CC type: _____ Cash ☐

Total Balance Due (1st day): _____