

Summer Sports Camps 2016

Payment and registration form must be received two weeks prior to the start of camp.

The week-long day camps are either half-day (9:00 a.m. – noon) for \$375, or full-day (9:00 a.m. – 2:00 p.m.) for \$500. Complete the form below and e-mail, fax, or mail to The Sensation Nation to guarantee a spot. Email to: info@thesensationnation.com, fax to: (866) 215-9677, mail to: The Sensation Nation, P.O. Box 28647, San Jose, CA 95159.

Please select a session date and duration:

June 12 – June 16, Race Street Facility, San Jose, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

June 19 – June 23, Bay Aerials Gymnastics, Fremont, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

June 26 – June 30, Race Street Facility, San Jose, CA, San Jose, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

July 10 – July 14, Race Street Facility, San Jose, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

July 17 – July 21, Race Street Facility, San Jose, CA, San Jose, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

July 24 – July 28, Race Street Facility, San Jose, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

July 31 – Aug 4, Race Street Facility, San Jose, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

Aug 7 – Aug 11, Race Street Facility, San Jose, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

August 14 – August 18, Bay Aerials Gymnastics, Fremont, CA

Half-day 9:00 a.m. - 12:00 p.m. Full-day 9:00 a.m. - 2:00 p.m.

In the event of insufficient registration, The Sensation Nation reserves the right to cancel any session two weeks prior to the start date.

Payment options:

____ Please bill my credit card (MasterCard or Visa) in full for the amount of _____.

____ I have enclosed a check for full amount of _____.

Child's Name: _____ Gender: _____ Age: _____

Parent's Name: _____ E-mail: _____

Phone: () _____ Alternate Phone: () _____

Address: _____

Credit Card #: _____ Expiration: _____

Security Code: _____ Name on Card: _____

Billing address if different from above: _____

Signature: _____ Date: _____