

**Infinity Gymnastics Team Camp Application (one per gymnast)**

**August 5th-7th, 2024**

Gymnasts Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Names \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

T-Shirt Sizes: CS \_\_\_ CM \_\_\_ CL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AX \_\_\_

Gymnasts '23/'24 Competitive Levels \_\_\_\_\_

Gymnasts '24/'25 Anticipated Competitive Levels \_\_\_\_\_

Club \_\_\_\_\_ Coach \_\_\_\_\_

Coach's Phone \_\_\_\_\_

**Team Camp Payment Information**

# Gymnasts \$300.00 each \_\_\_\_\_

**TOTAL COST:** \_\_\_\_\_

**Method of Payment**

- **Check: Payable to Infinity Gymnastics**
- **Credit Card**

\_\_\_\_\_  
**Credit Card # Exp. Date**

\_\_\_\_\_  
**Signature**

**\* by signing you are authorizing Infinity Gymnastics Academy to take the full camp amount of \$300 by July 1st, 2024**

**Send Payments To:**

Infinity Gymnastics Academy

12420 E. Grand River Ave.

Brighton, MI 48116,

or email the application.

**Contact Information**

Phone: 810.229.4966 Fax: 810.229.4998

Email:

infinitygymnastic.teamcamps@gmail.com

Website:

www.infinitygymnastics.com/team-camp-1