

MAGC's Summer Magic!

We offer a four-hour day program for children entering first grade and up! Discounts will be given for more than one child in the same family and for multiple weeks.

Half Day Program

Monday–Friday 9:00 am - 1:00 pm

Cost: \$200 per week

A morning of gymnastics fun, including bars, trampoline, trapeze, rings, beam, tumbling, and more! Extra activities include a field trip to Piney Run Park! A half-hour lunch break, with movie, at the end of the morning.
(Parents provide a snack, lunch, and drinks for child each day.)

See inside for more info!

Call 410-549-3379

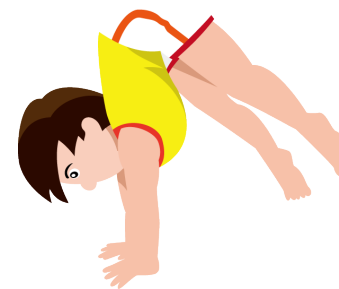
Mid-Atlantic Gymnastics Center, Inc.
5320 Enterprise Street, Suites E & F,
Eldersburg, MD 21784
410.549.3379



MID-ATLANTIC
GYMNASTICS CENTER

MAGC's Summer Half Day Program 2017

Just the best!



410-549-3379

magc@midatlanticgymnastics.com

www.midatlanticgymnastics.com

MAGC's Summer Magic!

Our summer half day program is open to boys and girls entering kindergarten and older, at all levels of gymnastic experience, beginner to advanced with a desire to learn gymnastics. At MAGC we pride ourselves on creating an atmosphere both challenging and enjoyable, designed to develop each individual student's physical and mental abilities to the fullest.

Our 2017 day program sessions:

Session 1: June 19-23

Session 2: July 10-14

Session 3: July 31- August 4

A 50% deposit is required at the time of registration, with the balance due on or before the first day of camp.

No refunds will be given less than seven days before each session.



SAVE MONEY!



DISCOUNTS

10% discount off the total fee for more than one child per family.

10% discount off the total fee for more than one week.

Maximum of 10% discount per child.

STAFF

Our program will be staffed by our own highly qualified professional instructors. Our staffers are USAG Safety Certified, and First Aid/CPR certified by the American Red Cross.

ACTIVITIES

Extra activities include gymnastics games, videos, and arts and crafts, and a field trip to Piney Run Park!

Mid-Atlantic Gymnastics Center REGISTRATION FORM

PERMISSION STATEMENT: The above named person has my permission to attend M.A.G.C. I confirm this person's good health. I am also fully aware of and appreciate the risks of serious accidental injury, including head and neck injuries, as well as other damages and losses associated with participation in a gymnastics class or event. I hereby give my permission for M.A.G.C. official or staff member responsible for any possible illness, accident or injury which might occur in training in class or on M.A.G.C. premises.

I do hereby verify that I fully understand and accept the above statement.

Sign up for

JUNE 19-23

JULY 10-14

JULY 31 - AUG 4

Student's Name _____ Birth Date _____

Parent's Name _____

Street Address _____

City, State, Zip _____
 M F

Home Phone _____

Cell Phone _____

Parent/Guardian Signature _____ Date _____

Email address: _____

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Payment

1/2 payment \$100

Full payment \$200

Total: _____