

**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

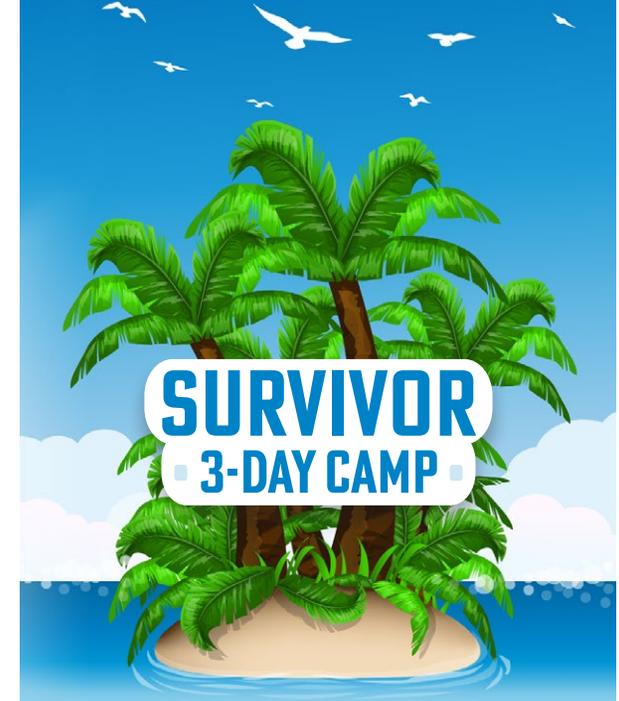


**2 Gyms
2 Times the FUN!**



21 Zaca Lane #100
San Luis Obispo, CA 93401

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



November 25-27

Monday - Wednesday

2024





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



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 = \$85
2 Days = \$130
3 Days = \$175

Half Day
(9 am - 12 pm)

1 Day = \$55
2 Days = \$85
3 Days = \$115

CCG MEMBERS
receive \$5 off per day

Camp Change Fee:
\$10 per change

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

EARLY-BIRD DISCOUNTS

Register on or before Saturday, November 5th
and get 5% off 1st child and
15% off additional siblings.

Register on or after November 6th:
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 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. 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: _____

Pricing: EB Regular

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

Nov 25-27 _____

B/A Care: _____ hrs X _____ kids X \$7/hr = _____

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

Deposit pd: \$ _____

Check #: _____ CC type: _____ Cash

Total Balance Due (1st day): _____