

SPECIALS

Pay in full by June 1st and receive 10% off your total bill.
Deduct a 5% sibling discount anytime

Attend 2 days per week

8 weeks	\$706
7 weeks	634
6 weeks	562
5 weeks	485
4 weeks	397
3 weeks	309
2 weeks	215

Attend 3 days per week

8 weeks	\$997
7 weeks	904
6 weeks	794
5 weeks	684
4 weeks	556
3 weeks	446
2 weeks	309

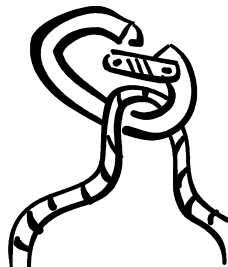
Attend 4 days per week

8 weeks	\$1252
7 weeks	1130
6 weeks	998
5 weeks	855
4 weeks	706
3 weeks	562
2 weeks	397

Attend 5 days per week

8 weeks	\$1499
7 weeks	1356
6 weeks	1191
5 weeks	1025
4 weeks	855
3 weeks	684
2 weeks	480

ROCK CLIMBING



2009 New Heights Mini-Camp Registration Form

Please complete and return with your deposit of \$50 per session or payment in full, to New Jersey Rock Gym, 373D Route 46 West, Fairfield, NJ 07004.
Make checks payable to: New Jersey Rock Gym

Name _____

Address _____ Town _____ Zip _____

Home Phone _____

Birth Date _____ Age as of June 30, 2009 _____ M/F _____

Parents Name _____ Work Number _____ Cell Phone _____

Parents Name _____ Work Number _____ Cell Phone _____

Parents e-mail: _____

All participants must have a completed waiver form signed by parent or guardian.

Please circle the desired sessions and choice of days.

Week 1	June 29 - July 3	Mon	Tues	Wed	Thur	Fri
Week 2	July 6 - July 10	Mon	Tues	Wed	Thur	Fri
Week 3	July 13 - July 17	Mon	Tues	Wed	Thur	Fri
Week 4	July 20 - July 24	Mon	Tues	Wed	Thur	Fri
Week 5	July 27 - July 31	Mon	Tues	Wed	Thur	Fri
Week 6	Aug. 3 - Aug. 7	Mon	Tues	Wed	Thur	Fri
Week 7	Aug. 10 - Aug. 14	Mon	Tues	Wed	Thur	Fri
Week 8	Aug. 17 - Aug. 21	Mon	Tues	Wed	Thur	Fri

Note: You may mix and match weeks with a minimum total of two times a week for two weeks of participation. Fees for extending enrollment after camp starts will be based on the listed rate for original sign-up (exclusive of early enrollment discount), or the rate that applies to the extension period. For example, if student originally enrolls for 2 weeks and then wants to extend for 4 more weeks, the added fee is based on the 4 week rate, not the 6 week rate. If a camper enrolls for 4 weeks and extends for 2 weeks, the rate will be based on the original lower 4 week fee.

Official Use Only:

Paid: _____ **Date:** _____ **Invoice#:** _____ **Waiver Yes/ No**