

Specials

Pay in full by June 1st & receive 10% off your total bill

Deduct a 5% sibling discount anytime

ROCK CLIMBING • TOP ROPING • BOULDERING



Register for 4 - 5 Days:

\$60 Per Day



Register for 6 - 11 Days:

\$56.50 Per Day



Register for 12 Days:

\$54 Per Day

Register for 13 - 18 Days:

\$52 Per Day



Register for 19 Days:

\$50.50 Per Day



Register for 20 - 23 Days:

\$49 Per Day



Register for 24 Days:

\$47 Per Day



Register for 25 - 29 Days:

\$46 Per Day

Register for 30 Days:

\$45 Per Day



Register for 31 - 34 Days:

\$44 Per Day

Register for 35 Days:

\$43 Per Day



Register for 36 - 40 Days:

\$42 Per Day

2019 New Heights Mini Camp Registration Form

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

Please make checks payable to: New Jersey Rock Gym

Name _____

Address _____ City _____ Zip _____

Home Phone _____

Birth Date _____ Age as of June 30, 2019 _____ Circle One : [M / F]

Parents Name _____ Work # _____ Cell # _____

Parents Name _____ Work # _____ Cell # _____

Parents e-mail _____

** All participating children must have a completed waiver form signed by a parent or guardian.*

Please circle the desired week[s] and choice of day[s] :

Week 1	July 1 - July 5	Monday	Tuesday	Wednesday	*Closed*	Friday
Week 2	July 8 - July 12	Monday	Tuesday	Wednesday	Thursday	Friday
Week 3	July 15 - July 19	Monday	Tuesday	Wednesday	Thursday	Friday
Week 4	July 22 - July 26	Monday	Tuesday	Wednesday	Thursday	Friday
Week 5	July 29 - Aug 2	Monday	Tuesday	Wednesday	Thursday	Friday
Week 6	Aug 5 - Aug 9	Monday	Tuesday	Wednesday	Thursday	Friday
Week 7	Aug 12 - Aug 16	Monday	Tuesday	Wednesday	Thursday	Friday
Week 8	Aug 19 - Aug 23	Monday	Tuesday	Wednesday	Thursday	Friday

Note: You may mix and match days and weeks with a minimum total of 4 days of participation over the 8 week period.

Please refer to the opposite side for Early Enrollment Specials and Prices

For Office Use Only:

Paid: _____ Date: _____ Invoice #: _____ Waiver [Y / N]