

# Specials

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

Deduct a 5% sibling discount anytime

ROCK CLIMBING • TOP ROPING • BOULDERING



### Attend 2 Days per Week

8 Weeks	\$741
7 Weeks	666
6 Weeks	590
5 Weeks	509
4 Weeks	417
3 Weeks	325
2 Weeks	226



### Attend 3 Days per Week

8 Weeks	\$1047
7 Weeks	950
6 Weeks	834
5 Weeks	718
4 Weeks	590
3 Weeks	468
2 Weeks	325



### Attend 4 Days per Week

8 Weeks	\$1315
7 Weeks	1187
6 Weeks	1048
5 Weeks	898
4 Weeks	741
3 Weeks	590
2 Weeks	417
1 Week	226



### Attend 5 Days per Week

8 Weeks	\$1574
7 Weeks	1424
6 Weeks	1251
5 Weeks	1076
4 Weeks	898
3 Weeks	718
2 Weeks	509
1 Week	283



## 2016 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, 2016 \_\_\_\_\_ 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 session[s] and choice of day[s]:

Week 1	June 27 - July 1	Monday	Tuesday	Wednesday	Thursday	Friday
Week 2	July 4 - July 8	<i>*Closed*</i>	Tuesday	Wednesday	Thursday	Friday
Week 3	July 11 - July 15	Monday	Tuesday	Wednesday	Thursday	Friday
Week 4	July 18 - July 22	Monday	Tuesday	Wednesday	Thursday	Friday
Week 5	July 25 - July 29	Monday	Tuesday	Wednesday	Thursday	Friday
Week 6	Aug 1 - Aug 5	Monday	Tuesday	Wednesday	Thursday	Friday
Week 7	Aug 8 - Aug 12	Monday	Tuesday	Wednesday	Thursday	Friday
Week 8	Aug 15 - Aug 19	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 ]