



WINTER BREAK AT THE SPORTZONE

Its Holiday Time ! ! ! !

The SportZone offers a fun alternative to staying at home.

December 21, 2009 – January 1, 2010

Sports and Activities Include:

Basketball Volleyball Soccer Kickball Dodgeball

Board games Camp Games Flag football Relay races

The price of camp includes **LUNCH and 2 SNACKS**

Daily rate: \$40.00 per child

Weekly rate: \$140.00 per child **

**Multi-child Discount & SportZone Member Discount Available upon request.

PRE-REGISTRATION IS REQUIRED WITH A NON-REFUNDABLE DEPOSIT OF \$40.00

CAMP HOURS: 7:30 am – 5:30 pm

\$5.00 early drop off rate - CHILDREN DROPPED OFF BETWEEN 7:00 am – 7:30 AM

\$5.00 after hour rate- CHILDREN PICKED UP BETWEEN 5:30 PM – 6:00 PM



The SportZone's sports camp is located at the SportZone complex.

During the course of the camp, campers will be involved in a fun and interactive environment with their friends and classmates. Our goal at the SportZone is to introduce each camper to new sports and activities as well as helping them meet new people. This non-competitive camp puts emphasis on fundamentals but most of all, emphasis on

HAVING FUN !!

Campers who show up on the Monday of camp may not be admitted.

Must pre-register for the early drop off or after hour care

The Sportzone is located at:

6601 Coffman Road, Indianapolis, IN 46268

(317) 293-2255 or Fax (317) 290-9671

WWW.SPORTZONEINDY.COM

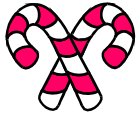


SPORTZONE'S WINTER BREAK SPORTS CAMP REGISTRAION FORM

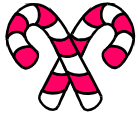
Complete this form and return it to The SportZone with a \$40.00 non-refundable deposit.

All information below must be filled out completely and no child will be accepted without all the required information.

Full payment is required **PRIOR TO THE FIRST DAY OF CAMP**



CamperName: _____



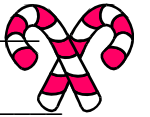
Age: ____ Gender: _____ Date of Birth: ____/____/____ School Attends _____



Address: _____



City: _____ State: _____ Zip: _____



Parent/Guardian Name: _____

Work #: _____ Home # _____ Cell # _____



E-MAIL ADDRESS: _____



Emergency Contact Name: _____ Relationship: _____



Emergency Phone #: _____ 2ND Phone # _____



Medications/Allergies: _____



Have you ever attended one of our Day Camps in the past? YES NO

How did you hear about our camp? School Flyer A friend Other: _____



A \$40.00 non-refundable deposit for each week attending is required.

Please mark the session(s) the camper will be attending.



Age Group: 5-6 ____ 7-8 ____ 9-10 ____ 11-12 ____ 13-15 ____



Dec. 21st – Dec. 23rd _____ Dec. 28th – Jan. 1st

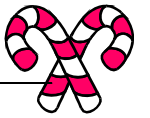


Payments may be made by Visa, MasterCard, Discover Card or AMEX.
We also accept cash or check. Please make all checks payable to the SportZone.



Card Number: _____

Card Expiration Date: _____



Exact Name on Credit Card: _____ Signature: _____

We reserve the right to charge the card on file if child does not attend week originally signed up for or balance not paid in full at time of drop off.

