

Child Name(s): _____

Tri-Star Gymnastics & Dance

66 Third Street, Suite 101
Dover, NH 03820
603-749-1234 603-749-5678 Fax
tristargymnh.com

REGISTRATION, PAYMENT AND MAKE-UP POLICIES

_____ I understand that the Registration Fee is non-refundable.

_____ I agree to call the camp line at 603-749-5678 to report my child absent from camp.

_____ I understand that there are no refunds & no switching of days. **NO EXCEPTIONS.** Days can be added based on availability.

_____ I understand that the charge for a check returned for any reason is \$25.00.

_____ I understand that I am responsible for all collection and legal fees accrued regarding any unpaid balances.

Parent Signature

Date

_____ Copy given to customer

Staff Initials

PARENT COPY