



**VISION**

Registered On: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Initials: \_\_\_\_\_

Please fax registration to: 845-517-1499  
or Mail to: Vision Sports Club  
37 West Jefferson Ave, Pearl River, NY 10965

# SPORTS PERFORMANCE CAMP

**ATHLETES AGES 11-15**

**3x A WEEK - MONDAY, WEDNESDAY & FRIDAY**

*With Head Trainer Ron Hackaspkcr NASM-CPT*

## VISION SPORTS CLUB CAMP REGISTRATION

Child's Name			Birth Date			Grade		
Parent's Name			Email					
Address						City		
State		Zip Code		Phone				

Card Holders Name		
<input type="checkbox"/> AMEX	<input type="checkbox"/> MasterCard	CSV
<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	Exp Date
Billing Address		
City	State	Zip
Signature		

**Emergency Contact**

**Phone**

\*No Refunds. All Sales are final.

**»» OPTION 1:**

10am-11am Sports Performance  
11am-12pm Conditioning  
12pm-1pm Lunch & Games

**»» OPTION 2:**

11am-12pm Sports Performance  
12pm-1pm Lunch & Games  
1pm-2pm Conditioning

### 2014 CAMP WEEKS

*(Check all that apply)*

July 14th -18th

July 28th- Aug 1st

Aug 11th - 15th

July 21st-25th

Aug 4th- 8th

Aug 18th - 22nd

**\$250 / WEEK**

**TOTAL # WEEKS** \_\_\_\_\_

All Sales Final \_\_\_\_\_ Initial Here

Fitness Consultant \_\_\_\_\_

Form of Payment \_\_\_\_\_