

DEC **27TH 9AM-12PM**

SCHOOL'S OUT

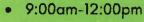
PRINCESS

GIRLS 4-7 YEARS OLD





JOIN US FOR A MAGICAL DAY



Bring snacks and drinks

Crafts, dress up, and fun!

AGES 4-7 \$50/DAY HQ MEMBER \$65/DAY NON-MEMBER



HealthQuest Fitness Club 310 US-31, Flemington, NJ 08822



www.hafit.com



bunnellehafit.com



HEALTHQUEST School's Out - Princess Camp 4-7yrs

Camp Day is 9am-12pm

Forms received after 12 noon Thursday the week prior to the camp are subject to a \$5 late fee.

Payment in full is due at registration. No refunds.

| Child's Name: | | | DOB: | | Age: |
|---|---|--|---|---|--|
| Allergies/Special Needs: | | | | | |
| Pick Up Password: | Dietary Restrictions: | | | | |
| Parent/Guardian's Name: | | | | | |
| Phone: (w) | | (h) | (| (c) | |
| Address: | | City: | | State: | Zip: |
| Email Address: | | | | | |
| | Schoo | ol's Out P | rincess C | amp | |
| | | Girls Ages 4 | | • | |
| | Friday | December 27th, 20 | 024 9am- 12 I | Noon | |
| | - | a magical day of | | | |
| | | npers must bring : | | | |
| | | , | | | |
| Pl | ease select: | HQ Membe | r \$50 Non | member \$ | 60 |
| | | t be an active Membe | | | |
| (MUST | T have a minin | num of 5 pre-regi | stered attendees | for camp | to run) |
| • | | | | | |
| | | | | | |
| | To | otal Balance Due: \$_ | | | |
| I, the parent/guardian of the registran organization and sponsors. Recogniz league programs and activities, I he organizations and sponsors, their empthe registrant as a result of the registrant as a result of the registrant of | ring the possibility of physica reby release, discharge, a ployees, and associated per ant's actions. I affirm that the the registrant, I hereby give | al injury associated with leagues and nd/or otherwise indemnify HealthC rsonnel, including the owners of the ne registrant is in sound physical and the permission for the participant o | d in consideration for HealthQuest quest of Central Jersey, LLC., its fields and facilities utilized for the d healthy condition and that the atl f the program to be transported for | of Central Jersey, L officers, coaches, league program, ag nlete is covered by l emergency medica | LC, accepting the registrant for its managers, referees, its affiliated gainst any claim by or on behalf of health/accident insurance secured I care. I hereby authorize consent |
| | | Method of Pa | ayment | | |
| | | (PLEASE CI | RCLE) | | |
| Cash | Check | Credit Card | Member Char | ge (CC on | File) |
| Account Number | | | Exp Dat | :e: | CVV: |
| Signature: | | | Dat | e: | |
| | | | | | |