

GYMNASTIC WORLD NAPLES CAMP PICK UP LIST

Student's Name _____

PLEASE INCLUDE PARENT'S NAMES ON PICK UP LIST

Adult's Name

Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent Signature

Printed Name

Date

Parent Phone Number _____(Daytime)

_____(Cell)

*Please indicate if there are any family situations involving pick up that we should be aware of. _____

