

Gymnastics Camps



Participants in the Beginner/Advanced Beginner camp will be introduced to all the equipment and receive one-on-one instruction. Intermediate and Advanced gymnasts will spend the week refining their skills in the vault, beam, bars and floor. The week will be filled with contests, games, and free time to practice new skills.

The camp will be led by Gymnastics Coordinator Rhonda Bitzer and her staff. *Residents of New Hope, Crystal, Golden Valley and Robbinsdale receive resident rate.*

Sandburg Middle School (Gym D)
2400 Sandburg Lane, Golden Valley

Monday-Friday, August 8-12

150500-A1 Beginner, Grades 1-6
9-10:30 a.m.

150500-A2 Beginner/Adv. Beginner, Grades 1-6
10:45 a.m.-12:15 p.m.

\$65 Residents*
\$72 Nonresidents

Monday-Thursday, August 8-11

150500-A3 Intermediate/Advanced/Tumblers Team
6-8 p.m.

\$104 Residents*
\$111 Nonresidents

Monday-Thursday, August 15-18

150500-B1 Beginner/Advanced Beginner, Grades 1-6
5:30-7 p.m.

\$54 Residents*
\$61 Nonresidents

150500-B2 Tumblers Team Camp
10 a.m.-12 p.m.

\$104 Residents
\$111 Nonresidents

Monday-Thursday, August 22-25

150500-C1 Intermediate/Advanced/Tumblers Team
6-8 p.m.


\$104 Residents*
\$111 Nonresidents

Sponsored by New Hope Parks and Recreation

REGISTER WITH: New Hope Parks & Recreation
4401 Xylon Avenue North
New Hope, MN 55428

Refunds, program credits or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Exceptions for ages cannot be made. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card.

Online Registration! Go to webtrac.nhrecexpress.com

 www.facebook.com/newhoperecreation
QUESTIONS? Call 763-531-5151

Gymnastics Camps - Summer 2022

Participant Name _____ Phone(s) _____

Address _____ City _____ Zip _____

Birthdate _____ Grade _____ Sex (M or F) _____ Parent/Guardian _____

Activity/Course _____ Date(s) _____ Time _____ Amount Enclosed \$ _____

Does participant have a special need? _____ Email Address _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Parent/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Security Code _____