



SPRING ACTION TRAMPOLINE

Summer Camp 2017

Rewards Program Application Form

Referring Participant
Name: _____
Phone: _____
Email: _____
Dates of Camp: _____

Referred Participant
Name: _____
Phone: _____
Email: _____
Dates of Camp: _____

Please choose one of the following rewards options:

- 10% discount for one week of camp
- 10% discount for a second sibling
- 10% discount for your birthday party at Spring Action
- 10% credit for our Fall 2017 session based on the value of the camp your friend(s) sign up for

Terms of Service:

- I have verified that my friend has registered and paid for their camp in advance.
- I understand that my friend(s) and I must sign up for a minimum of one week of camp to be eligible for the discount.
- My friend has never participated in any Spring Action programs before.
- I understand that I cannot change my rewards options once the form is submitted.
- If I refer multiple friends I can choose a different rewards option or contact the office.
- Once I have submitted the form I will receive a promotion code to redeem the discount online.

Information:

Spring Action collects personal information from their participants for the purpose of registering their clients with Gymnastics Ontario, to issue receipts and to distribute information about our programs. Spring Action values your privacy and we do not sell or distribute your information with any other organization.

Signature of Participant or Parent (if under 18).

Date