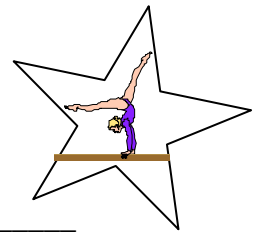


DC GYMNASTICS 2011 SUMMER REGISTRATION FORM



Gymnast's Name: _____ Age: _____

Previous Student this year(10 –11). Yes _____ No... New student _____

Parents' Name(s) _____

Address: _____

Phone Number: Home _____

Work: _____ Cell #: _____

Please fill in the appropriate week(s) with the days and times you wish to take class... minimum of three students enrolled to run the class. **REMEMBER THERE IS NO MINIMUM NUMBER OF WEEKS YOU MUST ATTEND.**

| Weeks attending | Days of class | Time of class | Tuition | Paid |
|---|---------------|---------------|---------|------|
| Closed Sat Wk.# 1 June 27 – July 1 st | | | | |
| Closed Monday Wk.# 2 July 5 – 9 | | | | |
| Wk.# 3 July 11 – 16 | | | | |
| Wk.# 4 July 18 - 23 | | | | |
| Wk.# 5 July 25 – 30 | | | | |
| Wk.# 6 Aug 1 – Aug 6 | | | | |
| Wk. # 7 Aug 8 – 13 | | | | |
| Wk. # 8 Aug 15 – 20 | | | | |
| Wk. # 9 Aug 22 – 27 | | | | |
| Closed Saturday Wk. # 10 Aug 29 – Sept 2 nd | | | | |

New Student summer Registration Fee..... \$10.00 Apply to Fall Registration

I acknowledge that gymnastics is a physical activity
Which involves inherent hazards. By signing this form
I acknowledge these risks and will not hold
DC Gymnastics and the instructors liable in the event
of an accident of any kind.

Amount Due: _____
Amount Paid: _____
Check Number: _____
Date: _____
Balance Due: _____

(Signature)

Balance Paid: _____

PLEASE REGISTER BY RETURNING THIS FORM WITH YOUR DEPOSIT.
50% DEPOSIT REQUIRED WITH REGISTRATION.. **BALANCE DUE WITH FIRST CLASS. THERE ARE NO REFUNDS...**
CREDIT ISSUED AT OUR DISCRETION.

***We are also offering 10 weeks of full or half -day girls' camp.
Please see pink separate flyer!***