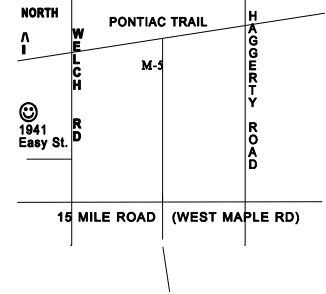




Oakland Gymnastics Registration Form



1941 Easy Street – Walled Lake MI 48390 Ph. 248-624-7770 Fax 248-624-6025
kidsflip4us@oakland-gymnastics.com
REGISTER BY PHONE, FAX OR EMAIL

PARENTS NAME _____ **Home/Cell Phone** _____ **E-mail** _____

ADDRESS _____
Number and Street _____ City _____ Zip Code _____

1st CHILD _____ **Birthday** _____ **2nd Child** _____ **Birthday** _____

1ST CHOICE Class _____ Day _____ Time _____ 1st CHOICE Class _____ Day _____ Time _____

2nd CHOICE Class _____ Day _____ Time _____ 2nd CHOICE Class _____ Day _____ Time _____

3rd CHILD _____ **Birthday** _____ **4th Child** _____ **Birthday** _____

1ST CHOICE Class _____ Day _____ Time _____ 1st CHOICE Class _____ Day _____ Time _____

2nd CHOICE Class _____ Day _____ Time _____ 2nd CHOICE Class _____ Day _____ Time _____

You will be notified if you first choice is not available. We reserve the right to CANCEL or RESCHEDULE a class AT ANY TIME if a minimum number gymnast not paid or enrolled.

CLASS FEE(s) Oldest Child \$ _____ + Other Children \$ _____ x10% Discount = \$ _____) = **SUB TOTAL** \$ _____

FAMILY MEMBERSHIP FEE: Paid at registration for your **FIRST SESSION** and effective for **one full year.** \$ _____ **40.00** _____

BALANCE DUE: *Please enclose a personal Check for the Total Payment – WE ACCEPT Master Card or Visa* \$ _____

CREDIT CARD # _____ **EXP DATE** _____ **3 DIGIT CODE** _____ **ZIP CODE** _____

NAME AS IT APPEARS ON THE CARD _____ **DATE** _____

REGISTER for the next session starting WEEK 7 so you may get same class time. Your timeliness and payment of all fees (1) week before class begins is appreciated.

CLASS REFUNDS ONLY: When a class is cancelled by OG or gymnast behavior concerns.

CONFIRM REGISTRATION WITH THIS FORM AND PAYMENT ONE WEEK before 1st class to hold class.