

2019 Summer Evening Classes Registration Form



65 Post Office Park Wilbraham, MA 01095
413 596-0089
allamericangymnasticacademy.com

Last Name: _____

PARENTS NAME: _____ EMAIL ADDRESS: _____
 STREET: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE# _____ CELL# _____ EMERGENCY NAME AND PHONE # _____
 1ST CHILD: _____ AGE: _____ M ___/F ___ DOB _____ CLASS _____ DAY _____ TIME _____
 2ND CHILD: _____ AGE _____ M ___/F ___ DOB _____ CLASS _____ DAY _____ TIME _____
 3RD CHILD: _____ AGE _____ M ___/F ___ DOB _____ CLASS _____ DAY _____ TIME _____
 4TH CHILD: _____ AGE _____ M ___/F ___ DOB _____ CLASS _____ DAY _____ TIME _____
 NAME AND PHONE # OF PERSON PAYING IF DIFFERENT FROM ABOVE: _____
 ANY LIMITATIONS WE SHOULD KNOW ABOUT: _____
 INSURANCE CO. _____ DR. _____ PHONE # _____
 HOW DID YOU HEAR ABOUT US? _____ ALLERGIES: _____

Please sign Back of Form

\$20 per class when pre-register+prepay

\$24 per class day of class class

Wednesday

Thursday

date/payment

date/payment

date/payment

date/payment

June 26 _____ July 31 _____
 July 3 _____ Aug 7 _____
 July 10 _____ Aug 14 _____
 July 17 _____ Aug 21 _____
 July 24 _____

June 27 _____ Aug 1 _____
 July 4__no classes _____ Aug 8 _____
 July 11 _____ Aug 15 _____
 July 18 _____ Aug 22 _____
 July 25 _____