

REGISTRATION FORM

8 week session

Flipz Tumbling

Tel: 605-949-0757

Email: flipz.tumbling@yahoo.com

Please fill out this form and return it to Flipz Tumbling with payment in full to secure your spot(s).

FAMILY INFORMATION:

Parent's Name(s): _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Alt Phone: _____

Email: _____

Health Insurance Company: _____

Policy #: _____

CHILDREN/CLASS INFORMATION:

Name: _____ DOB: _____ Age: _____ M/F

Class: _____

Name: _____ DOB: _____ Age: _____ M/F

Class: _____

Name: _____ DOB: _____ Age: _____ M/F

Class: _____

FEES:

Little Tumblers:

\$50.00 per child

Aerials 1:

\$65.00 per child

Tumblers 1:

\$50.00 per child

Aerials 2:

\$65.00 per child

Tumblers 2:

\$60.00 per child

Enrollment Membership Fee:

1st Child: \$20.00 _____

2nd Child: \$16.00 (5% off) _____

3rd Child: \$10.00 (10% off) _____

Total Due: _____

Payments due at signup or you may pay half plus the membership fees with remainder due at half way point each session or your child will not be able to attend class. There will be a \$30.00 fee for insufficient funds.