

REGISTRATION FORM

4 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

Name: _____ DOB: _____

Age: _____ M/F

Name: _____ DOB: _____

Age: _____ M/F

FEES:

Little Warrior Ages 3-10 years

\$20.00

Payment in full due at signup or your child will not be able to attend class. There will be a \$30.00 fee for insufficient funds.