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
$25.00

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.