

Gahanna Cyclone Gymnastics
 (614)863-4616
 Session IV, 2010 (8 weeks)
March 1, 2010-April 24, 2010

REGISTRATION FORM

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Girls Beg. Ages 6 & up	4:00 5:00	4:00 7:00	4:00 6:00	4:00 7:00	4:00	11:00 12:00
Girls Adv. Beg. Ages 6 & up	4:00 7:00	4:00 5:00	4:00 7:00	4:00		11:00 12:00
Girls Int. 1 1/2 hr Ages 6 & up	4:00 7:00	4:00	6:30* 7:00	7:00		
Girls Adv. 2 hr		6:15	7:00			
Boys Beg. All ages	4:00	5:00				
Boys Adv. Beg. All ages	6:00	4:00				
Tumbling & Tramp Beg.	7:00	7:00(*)	3:00 7:00	4:00 (*) 8:00		12:00(*)
Tumbling & Tramp Adv.	8:00	8:00	8:00	8:00		
Parent & Tot 1 1/2-3 yrs		11:00 5:30		11:15 12:00		
Thunderclds Ages 3-4 New	10:00 1:00 5:15	12:00	10:00 3:00	12:00 3:00 5:15	10:00 12:00	
Whirlwinds Ages 304 Exp.	11:00 12:00	10:00 1:00 3:00 6:15	11:00 12:00 1:00 5:15	10:00 11:15 1:00 6:15	11:00 1:00	9:30
Twisters Ages 5-6 New	11:00 5:30	12:00	10:00 12:00	3:00		
Hurricanes Ages 5-6 Exp.	10:00 12:00 1:00 5:15 6:15	10:00 11:00 1:00 5:15	11:00 1:00 3:00 5:15 6:15	10:00 12:00 1:00 5:15	10:00 12:00	10:15

* invite only
 (*) 12 & under

TUITION: Session IV, 2010 (8weeks)

PRESCHOOL:	45 Min.	\$107.00
TUMBLING:	1 hr.	\$123.75
BOYS/GIRLS CLASSES :	1 hr.	\$123.75
	1 1/2 hr.	\$152.00
	2 hr.	\$197.00

Please complete this form to reserve your son's/daughter's place in class.

For existing students, your son's/daughter's spot is guaranteed in the same class previously attended (if you are re-registering) provided this form is received by the due date. Please inform the office if you do not plan on reenrolling your son/daughter.

If you are unsure about your son's/daughter's next class recommendation, please call the office at (614) 863-4616

Level (circle one):

Parent & Tot: Ages 1 1/2-3 w/parent

Preschool: Ages 3-4 New
Ages 3-4 Experienced
Ages 5-6 New
Ages 5-6 Experienced

Regular Classes: Girls Beginner
Girls Advanced Beginner
Girls Intermediate
Girls Advanced
Boys Beginner
Boys Advanced Beginner

Tumbling/Cheerleading: Beginner
Advanced

STUDENT'S NAME _____

AGE _____ **BIRTHDATE** _____

PARENT NAME(S) _____

HOME PHONE _____ **CELL/WORK PHONE** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

1ST CLASS CHOICE _____ **TIME** _____ **LEVEL** _____

2ND CLASS CHOICE _____ **TIME** _____ **LEVEL** _____