

www.garystumbling.com

Gary's Tumbling



STUDENT'S NAME: _____ AGE: _____ GRADE: _____

PARENT / GUARDIAN: _____
Last First BIRTHDAY: _____

ADDRESS: _____ CITY: _____ ZIP: _____
Email: _____

PHONE # _____ MALE _____ FEMALE _____

YEARS OF TUMBLING / LOCATION: _____

Please Complete This Form And Return To Gary's Tumbling ASAP...

Classes Will Fill Quickly

Tuition: \$35 1st Child \$30 2nd Child



**TUITION DUE THE FIRST LESSON OF EVERY MONTH
PLEASE MAKE CHECKS PAYABLE TO "GARY'S TUMBLING"**

I UNDERSTAND THAT THIS PROGRAM HAS SOME DEGREE OF INHERENT RISK INVOLVED. I DECLARE MY SON/DAUGHTER TO BE IN GOOD PHYSICAL CONDITION. I UNDERSTAND THAT THE PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR BODILY INJURY INCURRED WHILE TAKING PART IN THIS PROGRAM.

Signature of Parent or Guardian: _____ Date: _____

Classes for **Summer** will run from **May** thru **July**.

Tumblers who take year around will be placed first the rest will be on the waiting list

PLEASE NOTE...



Any Question's Please Call,
Gary or Cheryl Giaffoglione
310 Hillway Drive
Glenwood Ia, 51534
Home: 712-527-9309
Email: gary@garystumbling.com



Office Use Only

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\$10.00 Registration Fee
(non-refundable)