## **Ashlin Gymnastics Club**

## **Registration Form**

Name of Participatant			
D.O.B(day/month/year)			
Parent/Guardian Name		······	
Email Address			
AGF Fee: \$40 mandatory one t	ime fee pre gymnastic year(	valid from July 1, 2020 - June 3	0, 2021)
Summer Session (July and Aug	ust) **Enter Program you wish to e	enroll in once gym receives this form, en	nail confirmation will be sent
Program Name:			
Fall Session (September-Decer	mber)		
Class Name	Class Day	Class Time	Class Fee + \$40
*Volunteer Sign-up at the office	ce*		
Volunteer Commitment			
Volunteer Bond Cheques #			
Winter Session (January-Marc	h)		
Class Name	Class Day	Class Time	Class Fee + \$40
*Volunteer Sign-up at the office	ce*		
Spring Session(April – June)			<del></del>
Class Name	Class Day	Class Time	Class Fee + \$40
*Volunteer Sign-up at the office			
Volunteer Bond Cheques #			