



REGISTRATION FORM

New gymnasts wishing to register for classes other than Developmental or Novice I need to make an appointment with a placement coach.

Please call to confirm that space is available in the class you want. Classes will be filled on a first come first serve basis. We will fill classes by looking at the date your form was postmarked.

A \$20 non-refundable deposit is required to hold you gymnast's space.

Gymnast's Name: _____

Address: _____

Home Phone: _____

Age: _____ Date of Birth: _____

Have you previously taken classes from High Flyers? YES NO

If no, how did you hear about our program? _____

Parent/Guardian: _____

Class Desired: _____

Day: _____

Time: _____

Check Enclosed for: \$ _____ Please bill my VISA MasterCard for: \$ _____
Card number: _____ Exp. Date: _____

A \$20 non-refundable deposit is required to hold you gymnast's space. We offer a \$5 discount to members who pay in full for a full 7 week session on or before the first day of class.

Checks can be made out to High Flyers and mailed to us at: 2244 Euler Road • Suite 104 • Brighton, MI 48114

If you have any questions please call our office at **810 229-7740** or check out our website at **www.highflyersgym.com**