



JEFFERSON CITY GYMNASTICS
Registration Form
(Please Print)
P.O. Box 104295
Jefferson City, MO 65110
Phone: (573) 761-9008
E-mail: sbartow@socket.net

Date: _____

Please use blue/black pen when filling out this form. Please return this form to the Jefferson City Area YMCA front Desk at 424 Stadium Blvd Jefferson City, MO or mail to: P.O. Box 104295 Jefferson City, MO 65110

Participant Information:

| |
|------------------------------------------------------------------|
| Students Name _____ DOB _____ Last First Middle |
| Street _____ |
| City _____ State _____ Zip _____ |
| Home Phone _____ E-Mail Address _____ |

Program Information:

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Class For Which You Are Registering: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring |
| Class Name: _____ |
| Class Day & Time: _____ |
| Class Price (12 Weeks): _____ Class Price (Prorated): _____ |
| YMCA Member # _____ - or- Non Member <input type="checkbox"/> |

Parent Information:

| |
|-----------------------------------------------------------------------------------|
| Mother's Name _____ Phone: _____ 2nd Phone: _____ |
| Father's Name _____ Phone: _____ 2nd Phone: _____ |

Payment Information:

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Payment Information: <input type="checkbox"/> Cash/Check/Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc |
| Credit Card Number: _____ Exp. Date: _____ |
| Name (as it appears on card): _____ |