

Club Champion Gymnastics

WINTER/SPRING 2010 SESSION REGISTRATION FORM

Parent's Name: _____ Phone # _____

Student's Name: _____ Birthdate: _____

Class Name, Day(s) and Time(s): _____

Amount Enclosed (see www.go2clubchampion.com for fees): _____

Payment Method: Visa MasterCard Check

Credit Card # _____ Exp Date: _____

Authorized Signature: _____

You may register in person, over the phone, or by mailing in this form with the appropriate payment. Please refer to the brochure or web site for class times, prices, and a list of holiday closures.

Club Champion • 145 Vista Avenue, Suite 108 • Pasadena, CA 91107 • 626- 577-4496