

PHENOM CLASS REGISTRATION FORM

Term _____

GYMNAST NAME _____ Age _____ Bday: _____

1st Class choice (day & time) _____

2nd Class choice (day & time) _____

Amount due: _____

If you prefer to pay by credit card, please include the following information:

Name as it appear on card: _____

Credit Card Number: _____ Exp. Date _____

3 Digit Security Code: _____ Address: _____

Zip Code: _____ Authorization Signature: _____

Upon payment & this registration form, you will be officially registered in the class of your 1st choice, unless we notify that it was not available.

***If you are new to Phenom Gymnastics, you must also read, sign, and submit the Phenom Waiver form & annual registration fee of \$50/family/year.**

