

# Thompsons Gymnastics

## Mail-In Registration Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Day & Time of Class \_\_\_\_\_

Return registration form and make checks payable to:

**THOMPSONS GYMNASTICS CENTER**

200 Old Lyman Road

South Hadley, MA 01075

The non-refundable registration fee (\$25 or \$40/family) must accompany this form.

A confirmation of class day and time will be mailed to you.

All fees are non-refundable.