

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.