

# WGC Gymnastic Class Enrollment Form

*Please return with \$10 deposit or \$15 yearly registration fee per child.*

Gymnast's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Class: \_\_\_\_\_

Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

Have you been with us before?       yes       no

Wichita Gymnastics Club  
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