

# CAPITOL CITY GYMNASTICS

Return w/payment to: 3518 Rohr Rd. Groveport, OH 43125 614-409-7655

TODAYS DATE: \_\_\_\_\_

## CLASS RE-ENROLLMENT FORM

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

### CLASS CHOICE\*

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

Day: \_\_\_\_\_

Time: \_\_\_\_\_

*\*You will be notified only if your choice is not available*

### 2004-2005 SESSIONS (check one)

- Fall Session I
- Fall Session II
- Winter Session I
- Winter Session II
- Winter Session III
- Spring Session I
- Spring Session II
- Summer Session I
- Summer Session II

### Office Use Only

Class Fee: \$ \_\_\_\_\_

Reg. Fee + \$ \_\_\_\_\_

Early Bird\*: - \$ \_\_\_\_\_

Family\*\*: - \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

### Method of Payment

Check # \_\_\_\_\_

Cash

### Notes

\*Early Bird Discount applies if tuition is paid two full weeks in advance (-\$5)

\*\*Family Discount applies if other family members are enrolled in classes during the same session (2<sup>nd</sup> child-10% ~ 3<sup>rd</sup> child 15%)

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