

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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