

If Team Member Check Here



ywca white plains & central westchester
www.ywcawhiteplains.com

Gymnastics Registration Form Summer 2009

Child's First Name _____ Child's Last Name _____

Street Address _____

City _____ State _____ Zip _____

Age _____ Sex _____ Date of Birth _____ Email Address _____

Mother's Name _____ Father's Name: _____

Home Phone _____ Work _____ Cell _____

In case of emergency, notify:
Name: _____ Phone _____ Relationship to Child: _____

Please list any special information (i.e., **food allergies, current medications**, etc) that we should know about your child: _____

Week / Dates/ Half Day/ 9AM – 12 noon	√	Code	AM	Deposit	Balance Due
Week 1 June 29- July 2 (n/c 7/3)		GYSWK1H	\$240	\$50	\$190
Week 2 July 6 – July 10		GYSWK2H	\$300	\$50	\$250
Week 3 July 13- July 17		GYSWK3H	\$300	\$50	\$250
Week 4 July 20- July 24		GYSWK4H	\$300	\$50	\$250
Week 5 July 27- July 31		GYSWK5H	\$300	\$50	\$250

Week / Dates / Full Day / 9AM – 4PM	√	Code	Full Day	Deposit	Balance Due
Week 1 June 29- July 2 (n/c 7/3)		GYSWK1F	\$340	\$50	\$290
Week 2 July 6 – July 10		GYSWK2F	\$425	\$50	\$375
Week 3 July 13- July 17		GYSWK3F	\$425	\$50	\$375
Week 4 July 20- July 24		GYSWK4F	\$425	\$50	\$375
Week 5 July 27- July 31		GYSWK5F	\$425	\$50	\$375

Office Use Only:

Total # of Weeks Requested: _____ Total Fee: \$ _____ Dep: \$ _____ Balance Due: \$ _____

Check Attached _____ Last Name on Check if Different from Above: _____
(Circle One) Visa / MasterCard / Discover
Card #: _____ Expiration Date _____
Signature _____

In order to process your application, a parent must sign the release form on the reverse side
Deposits are non-refundable

Front Desk Use Only

Front Desk Staff Member Name: _____ Receipt #: _____ Date Processed: ____/____/____

Membership: Current _____ Renewal _____ Expiration Date _____ Class Code Verification _____ Signed Release _____