

Vail Gymnastics - Summer Enrollment Form

	Student's Name	Class Name	Tuition
1.			
2.			
3.			
4.			
		Total	

Please mark your child's name on the calendars within the days you would like to attend class*.

*You must pay in advance for each class you sign up for

Calculate Tuition:

of Classes _____ x \$10 = Tuition _____

Charge CC Check included

Name on Card _____

Credit Card Number _____ Expiration ____/____

Vail Gymnastics Center • p: 970.479.2287 • f: 970.479.2286

June	Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4	5
	6	7	8	9	10	11 NO CLASS	12
	13	14	15	16	17	18 NO CLASS	19
	20	21	22	23	24	25 NO CLASS	26
	27	28	29	30			
2010							

July	Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2 NO CLASS	3
	4	5 NO CLASS	6 NO CLASS	7 NO CLASS	8 NO CLASS	9 NO CLASS	10
	11	12	13	14	15	16 NO CLASS	17
	18	19	20	21	22	23 NO CLASS	24
	25	26	27	28	29	30 NO CLASS	31
2010							

August	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6 NO CLASS	7
	8	9	10	11	12	13 NO CLASS	14
	15	16	17	18	19	20 NO CLASS	21
	22	23	24	25	26	27 NO CLASS	28
	29	30	31				
2010							