Free Private Class Registration Form

Excalibur Gymnastics

Today's Date: _____

Parent's Name:_____ Name of Child: _____

Age:_____ How many guests are expected: _____

Daytime Phone: _____ Evening Phone: _____

Email Address:_____

Guest Information:

Name	*Email Address or Phone Number*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Office Use Only_____

Date of Free Class: _____ *Time:* _____ *to* _____

Coaches: _____

*Contacted prior to party on (date):*_____

*Total Guest Count #:*_____

Waiver Collected #: _____