



# Excalibur Gala Registration Form

## May 21, 2011

_____	_____	____/____/____
First and Last Name	Age	Date Of Birth
_____	_____	_____
Address	City & State	Zip Code
_____	_____	_____
Mothers Name	Fathers Name	Home Phone #
_____	_____	_____
Emergency Contact # 1	Phone # _____	
_____	Phone # _____	
Emergency Contact # 2		

Please sign below and return to the front office.

- Yes, I choose to allow my daughter / son to participate in the 2011 Excalibur GALA on May 21, 2011.**
- No, I choose not to allow my daughter / son to participate in the 2011 Excalibur GALA on May 21, 2011.**

**I am aware that there are no refunds for extra (advanced purchased) tickets. I have read and agree to abide by the Policies and Procedures of Excalibur Gymnastics. If your child misses any classes before the GALA there will be no make-up practice for the actual event.**

\_\_\_\_\_

Parents SignatureDate

**Form Must Be Returned To Front Office By: May 14, 2011**

Class: _____		Coach: _____		Office Use Only
Day(s): _____	Time: _____ - _____	Account #: _____		
Free Ticket: _____	Extra Advanced Purchased Tickets: _____			
Session: _____	Session Time: _____			