

Class \_\_\_\_\_ Day \_\_\_\_\_  
Reg/Ren Fee \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

**FALCON GYMNASTICS CENTER**  
**FALL 2009 REGISTRATION**

New Participant  
'08 – '09 Participant

PARTICIPANT #1 \_\_\_\_\_ AGE/B-DAY \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

PARTICIPANT #2 \_\_\_\_\_ AGE/B-DAY \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

PARENTS NAME/S \_\_\_\_\_

EMAIL (required) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY / STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIOR GYMNASTICS EXPERIENCE \_\_\_\_\_

Return this form with your registration fee of \$30 or renewal fee of \$20. See registration information sheet for more information regarding registration.

**SEND TO:**

Laurel Tindall  
Falcon Gymnastics  
SPU – 3307 3<sup>rd</sup> Ave. West – Suite 301  
Seattle, WA 98119