

Camp # _____
Date Rec'd _____
Payment _____

FALCON GYMNASTICS CENTER
SUMMER 2009 REGISTRATION

New Participant
'08-'09 Participant

PARTICIPANT #1 _____ AGE/B-DAY _____

PARTICIPANT #2 _____ AGE/B-DAY _____

PARENTS NAME/S _____ EMAIL _____

ADDRESS _____ PHONE _____

CITY / STATE _____ ZIP _____

PRIOR GYMNASTICS EXPERIENCE _____

*Indicate the summer session/s you would like to participate in.
Return this form with your pre-registration deposit (\$50 Elem / \$30 Little Birds) for each session by
the date listed in the brochure.*

NOTE: We will continue to accept registration after the dates listed if the camp session is not full.

E1 _____
E2 _____
E3 _____
E4 _____

E5 _____
E6 _____
E7 _____
E8 _____
E9 _____

LB1 _____
LB2 _____
LB3 _____
LB4 _____

LB5 _____
LB6 _____
LB7 _____
LB8 _____
LB9 _____

Checks payable to "SPU"

SEND TO:

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