For Office Use Only

Check Amt.:	
Check #:	
Date:	
Cmbd Pmt	

SESSION 4- BEGINS APRIL 6, 2020 PLEASE RETURN THIS FORM NO LATER THAN MARCH 21st-2020



35 Concord Street-North Reading, Ma 01864 - 978-664-0099 gymnast@readinggymnastics.com www.readinggymnastics.com

CCT: 2019-2020 REGISTRATION RENEWAL AGREEMENT				
CHILD'S NAME:				
CURRENT CLASS: #				
PLEASE KEEP MY GYM IF AVAILABLE, PLEASE	NAST IN TH	IE CLASS CURRE	ENTLY ENROLLED IN:	
1 ST PREF: Class # Day		Γime		
2 nd PREFClass #	Day	Time		
IF DESIRED CLASS CHAN	-		eck One):	
PLEASE K	EEP ME IN	THE CLASS I'M (CURRENTLY IN AND PL	ACE ME ON THE
WAITING I	LIST FOR CL	ASS(es) INDICAT	TED ABOVE.	
PLACE M	E ON WAITI	NG LIST ONLY. I	CANNOT CONTINUE A	TTENDING THE
CLASS I'M	CURRENTL	Y ENROLLED IN.		
PLEASE RENEW N	MY ENROLLI	MENT AGREEME	ENT TO EXTEND FOR TI	HE NEXT_
9 WEEK SESSION	AT A SESSI	ON RATE OF \$	OR:	
PLEASE CHANGE	MY SESSIO	N ENROLLMENT	AGREEMENT TO BECO	OME A <u>YEARLY</u>
ENROLLMENT AGREEMENT. T	THIS AGREE	MENT WILL THE	EN EXTEND FROM THE	DATE BELOW
THRU JUNE 2020. THE ABOVE F	REGISTRAN	T IS OBLIGATED	TO ATTEND WEEKLY	CLASSES FROM
THIS DATE AND PARENT/GUAR				
WHETHER IN ATTENDANCE OR				
REASON, PARENT/GUARDIAN IS	S STILL OBL	LIGATED UNTIL	THE END OF JUNE 2020	FOR TUITION
COST, UNLESS WAIVED BY TH	E DIRECTO	OR ALONE.		
MY PAYMENT IS ENCLOSED OR				
MASTERCARD/VISA/DISC	COVER/AME	EX ACCT#		
			CARD:	
PLEASE DO <u>NOT</u> RI	ENEW MY E	NROLLMENT TH	IIS SESSION.	
ACDEED TO.			DATE.	
AGREED TO:			DATE:	