



Class / Day / Time Trialling:				
Child First Name	Child Last Name	Date of Birth	Male/Female	
Parent Name	Phone Number	Mobile Phone Number		
Email Address				
How did you find us – who referred you?				
Are you transferring from another gymnastic club?				
Office ONLY				
<i>Follow-up - Email</i>		<i>Follow-up – Phone to discuss</i>		
<i>Paid In Full</i>		<i>Other</i>		
<i>Other Comment</i>				

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