



# Parent's Night Out

## Saturday January 25th

### 5:00 to 9:00

ALL MEMBERS AND NONMEMBERS 5 YEARS OLD AND UP

\$25.00 Per Person if Member

\$30.00 Per Person if Non Member

\$5.00 off Per Person if Paid by Friday before Event

Signed waiver required and account must be in good standing to participate



### PARENT'S NIGHT OUT REGISTRATION FORM

Saturday, January 25<sup>th</sup>

5:00 pm - 9:00 pm



Gymnast Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Gym Class Currently Attending: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

All Known Health Issues? \_\_\_\_\_

Select Payment Method: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

(Office Use Only)

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ (Circle One) Check Cash Charge ATM