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OFFICE USE ONLY

_____	In Computer
_____	In Class
_____	Post Card
_____	Paid

Recreational Class Enrollment Form

Child's Name: _____ Female/Male

Birthdate: _____ Age: _____ Current Grade in School: _____

Mom's Name: _____ Cell phone: _____

Dad's Name: _____ Cell phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____
(We send our statements via e-mail.)

Home Phone: _____ Emergency Number: _____

Dad Employer: _____ Phone: _____

Mom Employer: _____ Phone: _____

How did you hear of us?

_____ Friend (Name) _____ (We give referrals \$10.00 off next tuition)
 _____ Brochure _____ Yellow Pages _____ Internet _____ Other

I have read and understand the policies provided by High Sierra Gymnastics.

Signed _____ **Date** _____

FOR OFFICE USE ONLY

Class	_____	Tuition	\$ _____
Day	_____	Membership	\$ _____
Time	_____	Total	\$ _____

