

**Cobequid Spartans Gymnastic Centre**  
**Re-registration form**

Term \_\_\_\_\_

Last badge color completed: \_\_\_\_\_

Athlete name: \_\_\_\_\_

DOB: \_\_\_\_\_  
MM/DD/YY

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
\_\_\_\_\_

Current Class: \_\_\_\_\_ Day: \_\_\_\_\_

Time : \_\_\_\_\_

**Desired class:**

\_\_\_\_\_ **Kindergym**    \_\_\_\_\_ **Preschool**    \_\_\_\_\_ **Rec gymnastics**    \_\_\_\_\_ **Rec Trampoline**  
\_\_\_\_\_ **Teen Gym**    \_\_\_\_\_ **Adult Gym**    \_\_\_\_\_ **Acro**    \_\_\_\_\_ **Other** \_\_\_\_\_

Class Time: \_\_\_\_\_  
\_\_\_\_\_

Day: \_\_\_\_\_  
\_\_\_\_\_

Total fee:\$ \_\_\_\_\_ Cash Visa Mcard Debit ck# \_\_\_\_\_ Date paid: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

*Class fees must be paid in full at time of registration in order to secure the desired time slot. Registrations are accepted on a first come first served basis*

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