



**SCARLET KNIGHTS GYMNASTICS ACADEMY (SKGA)
2016-2017 RETURNING CUSTOMER FORM**

PLEASE RETURN THIS FORM WITH PAYMENT TO:

Scarlet Knights Gymnastics Academy

College Avenue Gymnasium
130 College Avenue
New Brunswick, NJ 08901

Phone: 848-932-7155 Fax: 732-932-1363 E-mail: scarletknightsgymnastics@gmail.com

Family/Child(ren)'s Last Name: _____

<u>Child's First Name & Middle Initial:</u>	<u>Birthday:</u>	<u>Age:</u>	<u>Grade:</u>	<u>Sex:</u>
1. _____	___/___/___	_____	_____	M/F
2. _____	___/___/___	_____	_____	M/F
3. _____	___/___/___	_____	_____	M/F

SUMMER 2017 REGISTRATION

1st Child: _____

(Child's Name)

Class #1: _____

(Class Name, Day, Time)

Class #2: _____

Class #3: _____

(10% off for 2nd & 20% off 3rd class)

1st Class Tuition: _____

2nd Class Tuition: _____

3rd Class Tuition: _____

Total: _____

2nd Child: _____

(Child's Name)

Class #1: _____

(Class Name, Day, Time)

Class #2: _____

Class #3: _____

1st Class Tuition: _____

2nd Class Tuition: _____

3rd Class Tuition: _____

Sibling Discount: -\$10.00

Total: _____

3rd Child: _____

(Child's Name)

Class #1: _____

(Class Name, Day, Time)

Class #2: _____

Class #3: _____

1st Class Tuition: _____

2nd Class Tuition: _____

3rd Class Tuition: _____

Sibling Discount: -\$10.00

Total: _____

1st Child Total: _____

2nd Child Total: _____

3rd Child Total: _____

Other Discounts: _____

(RU or Early Reg Discount – before June 29th)

TOTAL: _____