

Michigan Academy of Gymnastics

The: _____ Session _____

Registration for the : _____

Gymnastics Term Begins: _____

for summer returning students

for returning students

for new students

In order to place a student in a class, the CLASS FEE MUST accompany this registration form. There is an ANNUAL REGISTRATION FEE due at the time of registration and each year after that date. (non-refundable) Fee: \$50.00 - 1st Child / \$25 - 2nd Child +

There are two payment plans:

(a) 20 wk fee to be paid in full when registering. (This is a discounted rate and therefore is due at registration with NO refunds after 11/01/08)

(b) 5 Installments - The first installment is to be paid when registering. The four remaining installments are to be paid on the 15th of every month beginning with September 15th. With the installment plan you are responsible for all 5 payments. We do not send bills. Please keep this form to know when your payments are due. You have signed up for a 20 week session and are responsible for all 5 payments.

We ask that you register your child as soon as possible as some classes will fill quickly. Keep in mind that all classes are subject to minimum as well as maximum enrollment requirements. If we find a class does not meet these requirements, you will have the option of transferring your child to another class. We will make every effort to keep all classes open.

Class Length

- 45 Minutes
- 1 Hour
- 1 1/4 Hours
- 1 1/2 Hours
- 1 1/2 Hours - 2 days
- 1 3/4 Hours
- 1 3/4 Hours - 2 days
- 2 Hours - 2 days
- 2 Hours - 3 days
- 2 1/2 Hours 3 days

Installment plan* 20 week discounted rate**

You are responsible for all five payments

Installment #1 due with registration

Installment #2 due

Installment #3 due

Installment #4 due

Installment #5 due

Any accounts 10 days past due will be assessed a \$10.00 late fee.

No phone registrations will be accepted.

20 week discounted fee must be paid in full at time of registration**

This session ends: _____

Full Name: _____ Age: _____ Phone: _____

Address: _____ City: _____

Classe(s) registering for: _____ Level: _____

Day(s) registering for: _____

I would like to pay the 20 week discounted rate. Full payment must accompany registration

I would like to make 5 installments following the MAG installment plan. Installment #1 must accompany this registration.

I am responsible for all 5 payments.

MAG Additional Fees: _____ **Changing Class Fee: \$5.00** **Dropping Class Fee: \$15.00**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Outstanding Balance: _____ Outstanding Fee \$: _____ Class Fee\$: _____ Total Due \$: _____

Date Rec _____ Ck# _____ AMT _____ Rate Code _____ CPU _____ REG BK _____ CLIP BD _____ SIB _____