

LaFleur's Gymnastic Club

8550 126th Avenue, N

Largo, FL 33773

727.539.8181

www.lafleursgymnasticclub.com

50 weeks of Gymnastics Fun Available!

Open Gym

Fridays, 6:30 – 8:30 ~ \$7 members/\$10 guests
Wednesdays, 11am – 12n (8/24/2011-6/6/12) ~\$5

Annual Membership Fee

\$35 Individual or \$50 Family

Tuitions Rates per 8 week Session

	<u>Once a week</u>	<u>Twice a Week</u>
45 minute class	\$102	\$178
60 minute class	\$114	\$198
75 minute class		\$212
90 minute class		\$230

10% discount on lowest fee for additional siblings.

Students Spot is reserved through June 16, 2012

If dropping, please notify the office in advance.

You are responsible for tuition up to the date of notification.

No credit or refunds for missed classes.

Make-ups must be scheduled in advance and completed within the same 8 week Session as the absence.

\$15 service charge on refunds of remaining tuition paid if canceling enrollment. \$25 charge for returned checks.

Payment must be included with registration. CASH or CHECK ONLY!!!

2011/2012 Calendar

Session 1 :: July 4th - August 27th

Closed: 4th of July

Scheduled Make-Up - Friday, July 8th

Session 2 :: August 29th - October 22nd

Session 3 :: October 24th - December 17th

Closed: Thanksgiving Day,

Scheduled Make-Up Friday, December 2nd

Holiday Break - December 19th - 31st

(No Make-Up Needed)

Session 4 :: January 2nd - February 25th

Session 5 :: February 27th - April 21st

We are open during the Pinellas County Schools Spring Break!

Session 6 :: April 23rd - June 16th

Closed: Memorial Day

Scheduled Make-Up Friday, June 1st

Awards Week June 11th - 16th

Student _____ M/F Birthday _____ Age _____

Student _____ M/F Birthday _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Emergency Phone _____ Member Fee _____

Class Day _____ Time _____ Level _____ Coach _____ Tuition _____

Class Day _____ Time _____ Level _____ Coach _____ Tuition _____

Print Parents Name _____ Total _____

- I am aware that participation in gymnastics involves risk of injury. I understand and agree that LaFleur's Inc. & Staff will assume no financial responsibilities for injuries or medical expenses incurred through participation. In the event of an injury, my child is fully covered under our family's medical and/or accident insurance policy.

Signature _____ Date _____ Paid _____

Email address _____ Office Only: Chart _____ Card _____ Computer _____