

Sapphire School of Gymnastics



OFFICE: 34 Hillfield Road, Hemel Hempstead, Herts. HP2 4AB 01442 230077
GYM: Hemel Hempstead Sports Centre, Park Rd, Hemel Hempstead. 01442 250159
EMAIL: sapphire@gymnastics.eclipse.co.uk
WEBSITE: www.sapphiregymnastics.com

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Preferred Day(s) _____ Time(s) _____

Gymnastics Ability (Beginner/Experienced/Squad etc) _____

Child's Full Name: _____ Age: _____

Date of Birth: _____

Gender male/female

(Strike out as appropriate)

Address: _____

Post Code: _____

Home Tel. No.: _____

Mobile Tel. No.: _____

Sports Pass/Dacorum Card No.: _____

Email Address: _____

School: _____

Any medical / Special Needs information applicable: _____

Ethnic Origin: _____

Any Additional Information: _____

Parent/Guardian's name: _____

Signature: _____ Date _____

Fees: _____ cash/chq (payable to Sapphire School of Gymnastics)

Please write on the back of cheque Child's name, plus the Class Day & Time required.