

## GLEASON'S GYMNASTIC SCHOOL

# Parents' Night Out Registration Form

PLEASE STOP BY OR CALL THE OFFICE TO REGISTER AND ARRANGE PAYMENT

**#1** Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Gleason's Student (circle)? Yes No

Amount Paid: \$30 / \$25

\*Medical/Health Concerns: \_\_\_\_\_  
(including food allergies, learning/cognitive/emotional disabilities)

**#2** Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Gleason's Student (circle)? Yes No

Amount Paid: \$20 / \$15

\*Medical/Health Concerns: \_\_\_\_\_  
(including food allergies, learning/cognitive/emotional disabilities)

**#3** Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Gleason's Student (circle)? Yes No

Amount Paid: \$20 / \$15

\*Medical/Health Concerns: \_\_\_\_\_  
(including food allergies, learning/cognitive/emotional disabilities)

Want to be put in the same group as a friend or sibling? Name(s) \_\_\_\_\_

### MEMBERS:

**\$25** for first child  
**\$15** per add'l sibling

### NON-MEMBERS:

**\$30** for first child  
**\$20** per add'l sibling

**PAYMENT REQUIRED  
UPON REGISTRATION**

**NO WALK-INS  
ALLOWED**

Parent Name(s): \_\_\_\_\_

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

Email: \_\_\_\_\_

*Waivers are available online, in the office, or at the gym the night of the event  
\*This information is required and necessary for the safety of your child(ren).*



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