

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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8201 Brooklyn Blvd, Suite 800, Brooklyn Park **763-493-2526**

