

ACADEMY of Gymnastics and Dance

DROP IN

Date: _____

STUDENT INFORMATION:

Last Name:	First Name:
Discipline:	

CLASS TO BE ATTENDED:

Day of the Week:
Time of Class:
Instructor:
Total Hours:

1hr	1.5hr	2hr	2.5hr	3hr	3.5hr	4hr	Office Use/Approved by:
\$15	\$20	\$25	\$30	\$35	\$40	\$45	

AMNT PAID: _____

OF HOURS APPROVED: _____

DROP IN CLASS

Last Name:	First Name:
Class:	Day/Time:
# of Hours:	Instructor: