



## **CLASS REQUEST FORM**

This form must be filled out and sent to [enrollment@sbagc.com.au](mailto:enrollment@sbagc.com.au) or placed in fees box if you wish to enrol in one of our classes.

**Name of Gymnast/Participant** – \_\_\_\_\_

**Gymnast/Participant's Date of Birth** – \_\_\_\_\_

**Date enrolment form was sent** – \_\_\_\_\_

**Class you would like to go into** – \_\_\_\_\_

**AGE group** – \_\_\_\_\_                      **Gender** – \_\_\_\_\_

**Have you previously participated in this class at Springwood Boys & Girls Club** –  Yes  No

### **Day preference**

1<sup>st</sup> Preference - \_\_\_\_\_

2<sup>nd</sup> Preference - \_\_\_\_\_

3<sup>rd</sup> Preference - \_\_\_\_\_

4<sup>th</sup> Preference - \_\_\_\_\_

5<sup>th</sup> Preference - \_\_\_\_\_

**Parent name for contact** – \_\_\_\_\_

**Contact number** – \_\_\_\_\_

Once this is received by our Administration staff, someone will contact you to discuss your enrolment.

Thankyou for your assistance.