



CLASS REQUEST FORM

This form must be filled out and sent to 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

1st Preference - _____

2nd Preference - _____

3rd Preference - _____

4th Preference - _____

5th 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.