



**PHONE 1300 788 496**  
**FAX 1300 788 496**  
 info@schoolgymnastics.edu.au  
 www.schoolgymnastics.edu.au

## Booking Form

Contact  
Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Tel No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Cost - \$ \_\_\_\_\_

Signed \_\_\_\_\_

We would like to sign up to the School Gymnastics program:

Term \_\_\_\_\_ 2009

Number of Classes \_\_\_\_\_

Program Length \_\_\_\_\_ Weeks

Please list available days below. To aid timetabling please list as many as possible.

No.	Class Name	Start Time	Finish Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Please Fax a copy of this form to 1300 788 496**