

# Whitewood Gymnastics Club

## Registration Form 2019/ 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Health Care Number: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

\_\_\_\_\_

Email :  
\_\_\_\_\_

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*Tohene 306 435-6779 (c)*