



Booking Form

Participants Name: _____

Date of Birth: _____ Home Phone: _____

Parent/Caregiver Name: _____

Address: _____

Suburb: _____ City: _____

Email: _____

Mobile: _____ Work: _____

Medical Conditions: _____

Notes:

- Please notify the GymSports Programmer if your child has any medical condition or disability so we can provide the correct coaching assistance and support
- Please notify the GymSports Programmer if your child has previous gymnastics experience to ensure we place your child in the correct class.

We understand that by enrolling in the programme we abide by any rules and policies of Te Rauparaha Arena, Porirua GymSports and Porirua City Council.

Signature: _____

(Parent/Caregiver if participant is under 18 years old)

Please only fill in if you are posting your booking

Please charge my VISA MASTERCARD *(please circle)*

Card Number: _____ Exp Date: _____

Cardholder Name: _____

CSC Number: _____

Signature: _____

FOR OFFICE USE ONLY

Date: _____ Amount Paid: _____ Staff Initial: _____ Receipt: _____

Method of payment: Credit Card Eftpos Cash Cheque *(please circle)*

Entered in CLASS: Y/N Date Entered: _____ Confirmation Sent: Y/N

Please tick appropriate box

**PreSchool Gymnastics - \$85
(3+4 year olds)**

- Wednesday 1:00pm – 1:45pm
- Wednesday 2:00pm – 2:45pm

General Gymnastics - \$95

- Monday 3:30pm – 4:30pm (5+6 year olds)
- Monday 4:30pm – 5:30pm (5+ years)
- Tuesday 4:30pm – 5:30pm (5+ years)
- Tuesday 5:30pm – 6:30pm (5+ years)
- Wednesday 3:30pm – 4:30pm (5+ years)
- Wednesday 4:30pm – 5:30pm (5+ years)

Development Squad - \$135 (selected gymnasts only)

- Wednesday 4:30pm – 6:30pm
- Thursday 4.30pm – 6.30pm

Acro-Gymnastics - \$110

- Wednesday 4.30pm – 6.00pm

Adult Gymnastics - \$75

- Thursday 7.30pm – 8.30pm



For further information phone 04 237 3811 or
lmcandrew@pcc.govt.nz
www.terauparaha-arena.co.nz

