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| Auchterarder Gymnastics Club |
| **Application Form - to join Auchterarder Gymnastics Club** |
| Childs Full Name  |  |
| Date of Birth  |  |
| Gender  |  |
| Parent / Guardian Full Name  |  |
| Street Address |  |
| Telephone  |  |
| email Address |  |
| Child’s Experience – please give a brief description of the child’s level of experience of gymnastics  |  |
| **When you have completed this form, please attach it to an email and send it to** **auchterardergym@gmail.com** |