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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**](mailto:gym@auch1.wanadoo.co.uk) | |