



Class Trial Form

Initial Contact Date: _____ Trial Date: _____
 Child's Name: _____ Age: _____ Birth date: _____
 Parent's Name: _____
 Home Phone: _____ Cell Phone: _____
 e-Mail Address: _____
 How did you learn about us? _____

Recreation Trial Class (Choose One):

- | | |
|--|---|
| <input type="checkbox"/> Intro To Jump Rope – Mon. at 6:00 pm | <input type="checkbox"/> Intro To Jump Rope – Thurs. at 5:00 pm |
| <input type="checkbox"/> Level I Jump Rope – Mon. at 5:00 pm | <input type="checkbox"/> Level I Jump Rope – Wed. at 5:00 pm |
| <input type="checkbox"/> Level II Jump Rope – Tues. at 5:00 pm | <input type="checkbox"/> Level II Jump Rope – Wed. at 6:00 pm |

Instructor Comments:



Class Trial Form

Initial Contact Date: _____ Trial Date: _____
 Child's Name: _____ Age: _____ Birth date: _____
 Parent's Name: _____
 Home Phone: _____ Cell Phone: _____
 e-Mail Address: _____
 How did you learn about us? _____

Recreation Trial Class (Choose One):

- | | |
|--|---|
| <input type="checkbox"/> Intro To Jump Rope – Mon. at 6:00 pm | <input type="checkbox"/> Intro To Jump Rope – Thurs. at 5:00 pm |
| <input type="checkbox"/> Level I Jump Rope – Mon. at 5:00 pm | <input type="checkbox"/> Level I Jump Rope – Wed. at 5:00 pm |
| <input type="checkbox"/> Level II Jump Rope – Tues. at 5:00 pm | <input type="checkbox"/> Level II Jump Rope – Wed. at 6:00 pm |

Instructor Comments:
