

PINK/BLUE PUNCH

Student _____

D.O.B. _____ PARENT/GUARDIAN _____

ADDRESS _____

CITY _____

PHONE _____ CELL _____

E-MAIL _____

EMERGENCY
NAME/REL./PHONE _____

NOTE/ALLERGIES: _____

CLASS Day/Time _____ AGE: _____

Start Date: _____

PAYMENTS

- *12 week session Fee \$144*
- *Blue or Pink Gloves Required*
- *WE have available if you need \$35*

Fee: \$144

Gloves (if needed): \$35

TOTAL: \$ _____

- Enrollee represents that he/she is in good physical health and will be able to participate in classes.
- There are no refunds due to absences or weather related closings
- Classes are not transferable
- We are not responsible for injuries sustained during class or on the premises.
- We are not responsible for missing items.
- We reserve the right to cancel, combine or reschedule classes.

Session Balances MUST be paid in full.

Signature: _____ Date: _____



1494 Bellmore Avenue, North Bellmore, NY

(516) 851-2292