

Registration

Athlete's Last Name _____ **First** _____
 Parent's Last Name _____ First _____
 Street Address _____ Zip _____

Home / Cell Phone # _____ Athlete's D.O.B. _____

Please fill out boxes A thru E appropriately, and then mail the form to Hobboblins: P.O. Box 1808, Amherst, NY 14226.
 Send a \$40 deposit/person, payable to D. Janus. Call 445-9197 in 3 days. Balance is due the day of the first lesson.

A	B	C	D	E
<input type="radio"/> New Member* <input type="radio"/> Current Member <input type="radio"/> Past Member	Membership Fee (Insurance) <input type="radio"/> Intro Fee* - \$25 <input type="radio"/> 12 Weeks - \$15 <input type="radio"/> 50 Weeks - \$40 <input type="radio"/> In-Active - \$14	Lesson Type <input type="radio"/> Exploration <input type="radio"/> 45 Minute <input type="radio"/> 70 Minute <input type="radio"/> 95 Minute <input type="radio"/> Tumbling <input type="radio"/> Flex Card	Lesson Length <input type="radio"/> 6 Weeks <input type="radio"/> 12 Weeks	Day & Time <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Saturday TIME: _____

*New Members must pay the Introductory Membership Fee of \$25.

- Fall 1** - Sept 23rd to Nov 1st **Fall 2** - Nov 4th to Dec 13th
- Winter 1** - Jan 6th to Feb 14th **Winter 2** - Feb 17th to Mar 28th
- Spring 1** - Mar 31st to May 9th **Spring 2** - May 12th to June 20th
- Summer 1 & 2** - June 23rd to Sept 12th