REC ROCK Athlete Registration Form

Club Name: _____

Contact Name: _____

Phone: _____ E-mail: _____

Athlete Name	Age	Level (Beginner, Intermediate, Advanced)	Amount

Total # of Athletes (WAG) _____ x $60 = _____

Total # of Athletes (Group Performance) _____ x $45 = _____

Total # of Athletes (WAG & Performance combined) _____ x $90 = _____

☐ We understand that music needs to be cued on an iphone/ipod and CD's will not be accepted.

Total = _____

Please send EMT to shannon@altadoregym.com, make cheques payable to Altadore Gymnastic Club, or call 403-720-2711 to pay via credit card.

Email completed forms to shannon@altadoregym.com or mail: 128, 10905 48th Street SE Calgary, AB T2C1G8

By submitting this form, it is understood that all athletes have already signed & submitted the AGF Waiver & PIPA form. If you are not an AGF Club, please submit waivers. These can be found on the bottom of our website: www.altadoregym.com