

Rhythmic Gymnastics • TEAM • Fall 2017

First Na	nme	Last Name	Date of Birth	Male/Female	Age	
Parent/Guardian		Home Phone	Cell Phone	Email		
Address	S	City State	Zip Code			
□ Ch	neck if your child has	s special needs. Explain				
Has c	hild participated in a	MatchPoint NYC program before?	□ No □ Yes – Progra	m(s)		
How o	did you first hear ab	out us? ☐ Friend/Family ☐ Live Ne	earby 🗆 Website 🗆 Fa	acebook 🗆 Instagram	☐ Paper Flyer	
	-	' ☐ Radio ☐ Newspaper/Magazine	-	_		
	SION DATES					
Sept	4, 2017 – Jan 21,	2018 (nineteen week program –	– off week: <u>Tuesday</u>	Dec 26 – <u>Monday</u> Jan	1)	
PRO	GRAMS					
	Level	Days and Times		Program Fee*		
	Level 3	Tue 4-7 ∘ Thu 4-7 ∘ Sun 12-3		\$1,995		
	Level 4	Mon 4-7 ∘ Thu 4-7 ∘ Sat 10-1		\$1,995		
	Level 5	Tue 5-8 · Thu 5-8 · Fri 5-8 · S	un 11-2	\$2,185		
	Level 6	Mon 4-7 ∘ Wed 4-7 ∘ Fri 4-7 ∘ \$	Sat 10-1	\$2,185		
	Level 7	Mon 5-9 ∘ Wed 5-9 ∘ Fri 5-9 ∘ \$	Sun 11-3	\$2,295		
	Level 8-9	Mon 5-9 · Wed 5-9 · Thu 5-9 ·	Fri 5-9 ∘ Sun 9-1	\$2,525		
	Pre-Team 1	Thu 4-6 ∘ Sat 1-3	for complete informati	ion, see RG Recreational	application	
	Pre-Team 2	Tue 6-8 · Sun 10-12	for complete informati	ion, see RG Recreational	application	
	Ballet/Dance	Fri 6-7, 7-8 · Sun 11-12, 12-1	for complete informati	ion, see RG Recreational	application	
		(\$75) is in addition to Program Fee. S Trophies/Awards, and Program Administ		overs USGA Club Registration	on, Registration	
• Prog	gram Fee as indicated	above is for entire session. Program Fee	e will be pro-rated for late	registrants.		
	•	orms must be accompanied by session re			-	
_		gram fee deposit: 40% . Balance must e. All payments non-refundable.	be paid in full by Nov 5,	2017. Late payment fee of \$	6100 will apply to	
		ull required at time of registration. All page	yments non-refundable.			
		e given for absences or withdrawals. Ma	ake-ups: students may tak	e <mark>one make-up class per</mark> m	onth.	
	CALCULATION and PAY		1 1			
Start D		Program: \$ + \$75 = Total:				
	ash	neck (payable to MatchPointNYC)	Proc	essed by MPNYC employ	/ee:	
	sa	☐ Amex ☐ Disc card num	ber ending:	expiration:		

Parent or Legal Guardian's Name

no refunds or credits will be given for absences or withdrawals once session begins. I acknowledge the restrictions on make-up classes as specified above. If paying by credit card, I authorize MATCHPOINT NYC to charge my credit card as specified above. I am the parent or legal guardian of the named participant and I pledge that both I and the named participant will abide by MATCHPOINT NYC rules and regulations, current and future, or risk expulsion from program. I have read, I understand, and I accept in full the waiver on the reverse of this application.