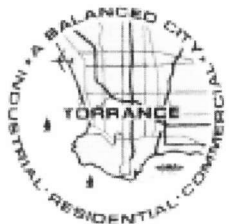


City of Torrance

Community Services Dept.

(310) 618-2720

www.TorranceCA.Gov



GYMNASTICS

for Kids

10 Weeks: June 27 to September 4, 2010

Location: 3858 Sepulveda Blvd. Torrance

Residents: \$169.00 Non-Residents: \$189.00



Tuesday

<u>Time</u>	<u>Age</u>	<u>Class #</u>
3:00 - 3:50	3-5	2360.304
3:50 - 4:40	5-6	2360.305
4:40 - 5:30	7-9	2360.306

Thursday

<u>Time</u>	<u>Age</u>	<u>Class #</u>
10:00 - 10:45	2	2361.3011
3:00 - 3:50	3-5	2360.307
3:50 - 4:40	5-6	2360.308
4:40 - 5:30	7-9	2360.309

Saturday

<u>Time</u>	<u>Age</u>	<u>Class #</u>
9:00 - 9:50	4-5	2360.310
9:50 - 10:40	5-6	2360.311
10:50 - 11:40	7-9	2360.312
11:40 - 12:30	10+	2360.313

Registration Form

Please Print Clearly (Form may be duplicated, one family per form.)

Participant Information: Check if this is a new address or phone number
 Torrance residents must provide proof of residency.

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Fax #: (____) _____

email address: _____

Payee Information: (person paying for registration) Check if this is a new address

Name: _____

Driver's License: _____

Fill in below if different from participant:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Fax #: (____) _____

email address: _____

Participant's Full Name (First and Last)	Birthdate (If under age 18)	Sex	Name of Activity	Activity Code Numbers			Program Fee Res/Non-Resident
				1st Choice	2nd Choice	3rd Choice	

CREDIT CARD INFORMATION

I hereby authorize the use of my Master Card Visa Discover American Express

Print name as it appears on card: _____

Credit Card #: _____

Expiration Date: Month _____ Year _____

Signature: _____

Credit Card
Requests
Must Have
a Signature

IF PAYING BY CHECK

Send separate checks payable to:

City of Torrance Registration

3031 Torrance Boulevard

Torrance, CA 90503

Phone (310) 618-2720

Fax (310) 781-7598

If faxing, send with credit card info. to:

Sub-Total

Credit/Discount

Total Fees

FOR OFFICE USE ONLY

Receipt #

Date

Please include a Stamped, Self-Addressed Envelope to Receive Your Receipt.

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Torrance harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. I also agree, as a participant/parent/legal guardian of any paid or free event, class, activity, or program, to grant full permission to the City of Torrance to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion without obligation or liability to me. I verify that all the above information is true and accurate.

I understand that the office must be notified of a refund request one (1) working day prior to the first class and that a 20% service charge will be withheld.

Signature: _____ Print Name: _____

Parent Legal Guardian Participant

How to Register:

You may register any of the 4 following ways:
 Walk-In ♦ Phone-In ♦ Fax-In ♦ Mail-In
 Please see form for address & phone numbers

Registration Begins:

Residents: May 25, 2010
 Non-Residents: June 1, 2010
 Registration Deadline: 2nd class meeting

For More Information:

Class Information: (310) 373-4455
 Registration Information: (310) 618-2720