



Whistler Gymnastics Club Interclub/Competitive Statement of Financial Commitment

I am aware that I'm registering my child for a 10-month program and payment is required for the full program. I am aware that there are payments due in Sept and Feb for programs fees as well as potential additional costs for extra training, uniforms and additional meets and expenses.

I acknowledge that after September 30th, 2018 refunds are only available for medical reasons and require a doctor's note.

Print Name: _____

Signature: _____

Date: _____

Credit Card Number: _____

Expiry Date: _____

3-Digit code: _____